

III. HOUSING AND HOUSEHOLD NEEDS ASSESSMENT

This section of the Consolidated Plan is comprised of the following four components: 1) Demographic Profile; 2) Household Profile; 3) Homeless Needs Assessment; and 4) Housing Stock Profile. This section contains a variety of maps based on Census tract and block group data.

A. DEMOGRAPHIC TRENDS

Demographic changes such as population growth or changes in age can affect the type and amount of housing that is needed in a community. This section addresses population, age, and the race and ethnicity of Long Beach residents.

1. Population Growth and Trends

With an estimated 2004 population of 487,100, Long Beach remains California's fifth largest city. Over the past 60 years the City has experienced extensive growth, with the population nearly tripling from 164,000 residents in 1940 (See Table III-1). During this period, Long Beach experienced two major growth cycles, each bringing significant changes in population characteristics and affecting housing needs.

**Table III-1
Population Growth 1940 – 2004**

Year	Population	% Change
1940	164,271	--
1950	250,767	53%
1960	344,168	37%
1970	358,879	4%
1980	361,334	1%
1990	429,433	19%
2000	461,522	7%
2004	487,100	6%

Source: U.S. Census; State Department of Finance,
2004 Population Estimates

The initial major growth cycle within the past 60 years – the World War II era – was characterized by significant growth as tens of thousands of people moved through Long Beach to service in the Pacific Theatre or sought employment in the defense plants springing up in the Los Angeles area. After the war, many of these veterans and workers decided to settle in Long Beach and other localities in Southern California.

During the 1940s and 1950s, thousands of new tract homes appeared in Long Beach as the City aggressively annexed adjacent farmland and orange groves in competition with the new cities being established nearby. This period of unusually rapid growth not only transformed Long Beach and the Southern California landscape, it also created a demographic phenomenon: a population having an exceptionally large component that was remarkably similar in its race, life-stage, economic status, and residential preference.

The 1960s and 1970s were characterized by a significant slowing in population growth as domestic migration slowed and the young suburban families of the 1950s aged and were gradually transformed into empty-nesters when their children matured and left home. The emergence of suburban communities outside the City, the transition of the U.S. Navy out of Long Beach, and the decline in federal contracts to the defense industry also contributed to this period of slower growth. Although the City's population remained predominantly White and middle-class in the mid-1970s, residents were aging and there was a significantly smaller youth component present. The City was also becoming more completely built-out as its ability to expand was now constrained by adjacent cities and vacant land within its boundaries had been largely utilized.

Long Beach's second growth cycle within the last 60 year period began in the mid-1970s and continued into the early 1990s. Unlike the earlier growth cycle which was largely domestic in character, this growth wave consisted mainly of young, poor Pacific Rim migrants seeking political refuge and expanded economic opportunities. Cambodian refugees were among the first to arrive in the City during this period, and they were soon followed by others from Southeast and East Asia, several Pacific Islands, Mexico, and Central and South America. These new residents introduced not only new cultures and problems of assimilation, but low levels of education, acute poverty and residential overcrowding. They also rejuvenated an aging populace and provided a much-needed pool of young, low-cost labor.

Today, this group of immigrants continues to transform the City's social landscape. Being predominately young and in the family-forming life-stage, their elevated birth rate is rapidly shifting the ethnic composition of Long Beach. They will also continue to drive Long Beach's population growth until such time as their reproductive rate more closely matches that of the general population.

Like most of California, during the decade of the 1990s, a nation-wide recession and reduction in the overall immigration rate produced only modest growth levels. A robust real estate market and renewed building activity in Long Beach has again resulted in increased levels of population growth since 2000.

According to the Southern California Association of Government's (SCAG) *2004 Regional Transportation Plan*, the population of Long Beach is projected to grow to 503,500 by 2010 and to 561,700 by 2030, a 22% increase during the 2000-2030 period. SCAG's population projections translate to an annual growth rate of approximately 0.75%, and reflect a slowing in the 1% annual population growth the City experienced over the most recent 1¹/₂ decades (1990-2004).

2. Age Characteristics

As Long Beach's population has changed, so have the age characteristics of its residents. As illustrated in Table III-2, the City's population under age 18 has steadily increased over the past two decades from 23% to 29%. However, while the proportion of school age children (5-17 years) has shown a consistent increase, the proportion of preschool age children (under 5 years) actually decreased over the most recent decade. This decrease in the proportion of young children is to be expected, since with time an immigrant population's birth rate can be expected to normalize to that of the general population.¹

Long Beach's share of college age (18-24 years) residents has evidenced a continual decline over the past two decades, and combined with the decline in young adults (25-44 years) during the 1990s, could in part be a reflection of the shortage of housing affordable to these groups. Finally, both the number and relative proportion of senior citizens (age 65+) in Long Beach has steadily decreased over the past twenty years due to the normal aging process. And with only one-third of the current middle age (45-64 years) population over 55 years of age, the senior population in Long Beach is not expected to grow significantly over the coming decade.

Table III-2
Age Distribution 1980 – 2000

Age Group	1980		1990		2000	
	Persons	Percent	Persons	Percent	Persons	Percent
Preschool (<5 yrs)	25,847	7%	37,669	9%	38,587	8%
School Age (5-17 yrs)	56,791	16%	71,798	17%	96,052	21%
College Age (18-24 yrs)	52,530	15%	57,199	13%	50,158	11%
Young Adults (25-44 yrs)	104,823	29%	153,939	36%	151,884	33%
Middle Age (45-64 yrs)	70,669	20%	62,365	15%	82,939	18%
Senior Adults (65+ yrs)	50,674	14%	46,463	11%	41,902	9%
TOTAL	361,334	100%	429,433	100%	461,522	100%

Source: U.S. Census 1980, 1990, and 2000.

¹ "Fertility of Immigrant Women in California." California Department of Finance, Demographic Research Unit (April 1995), p.10

3. Race and Ethnicity

Currently, Long Beach is considered to be the most ethnically diverse major city in the United States. As previously noted, during the 1970s and 1980s, Long Beach was the destination for thousands of immigrants fleeing wars and political turmoil in Southeast Asia, especially from Vietnam, Cambodia and the Philippines. These migrants were followed by other in-migrants from various Latin American countries. During the 1980s, the City's foreign-born population doubled to over 100,000 persons, with the majority of immigrants coming from Mexico and Central America. The arrival of large numbers of Asian and Latin American immigrants in Long Beach quickly transformed the City from what had previously been a predominantly White community into a truly "multi-ethnic" society where there is no majority ethnicity.

Table III-3 displays the racial/ethnic composition of Long Beach's population in 1980, 1990, and 2000. During these two decades, the White population declined from 68% to 33% of the total population, while the Hispanic population nearly tripled in number, increasing from 14% to 36%. Similarly, the number of Asian residents has nearly doubled, increasing from 6% in 1980 to 13% by 2000. The proportion of African-American residents also exhibited a modest increase, from 12% to 14% of the population.

Long Beach has effectively become a "starter community" for many new immigrants; a place where they begin the critical process of acculturation. In 2000, 29% of the City's residents were foreign-born, equating to roughly 132,000 foreign residents. Approximately one-third of this foreign-born population entered the United States after 1990 - predominately from Mexico (59%), Asia (24%), and Central America (10%) - indicating a relatively new immigrant population. Recent immigrants, with their limited resources, often face difficulties in acquiring adequate housing as they adjust to their new surroundings and obtain gainful employment. As a result, household problems such as overcrowding and overpayment are often more prevalent among recent immigrants.

Table III-3
Racial and Ethnic Composition 1980 – 2000

Racial/Ethnic Group	1980		1990		2000	
	Population	Percent	Population	Percent	Population	Percent
White	244,594	68%	212,755	50%	152,899	33%
Hispanic	50,700	14%	101,419	24%	165,092	36%
African American	40,034	11%	56,805	13%	66,836	15%
Asian	20,758	6%	55,234	13%	60,329	13%
Other*	5,248	1%	3,220	1%	16,366	3%
TOTAL	361,334	100%	429,433	100%	461,522	100%

*Note: The 2000 Census introduced a new category "two or more races" that was not a component of the 1990 or 1980 Census. Therefore, the pool of individuals in the "Other" category has expanded and may now include individuals previously accounted for in another category.

Source: U.S. Census 1980, 1990, and 2000.

Concentrations of Racial and Ethnic Groups

While Long Beach as a whole is an ethnically diverse community, patterns of ethnic concentration are present within particular areas. Figures III-1, III-2 and III-3 illustrate the concentrations of Hispanic, African-American and Asian residents in Long Beach by Census Tract.

As Figure III-1 clearly shows, concentrations of Hispanic residents are evident in numerous Long Beach neighborhoods, including the majority of Central Long Beach, Downtown, and North Long Beach, and to a lesser degree the Westside. Although Hispanic residents have always been present in Long Beach, during the 1990s they supplanted Whites as the City's largest racial/ethnic community (See Table III-3). In some respects, the City is the final 'frontier' being settled by a flow of Latinos moving southward along the Los Angeles River from their traditional East Los Angeles core through the Gateway Cities sub-region. This movement has culturally transformed cities located closer to its source, such as Huntington Park, Bell, Bell Gardens, and Cudahy, which are now populated almost entirely by Hispanics. Many of these migrants to Long Beach – many recently arrived in the United States and characteristically young families having low incomes, few linguistic or educational skills, and limited employment – have settled in many of the same Long Beach neighborhoods once occupied by Cambodians and African-Americans.

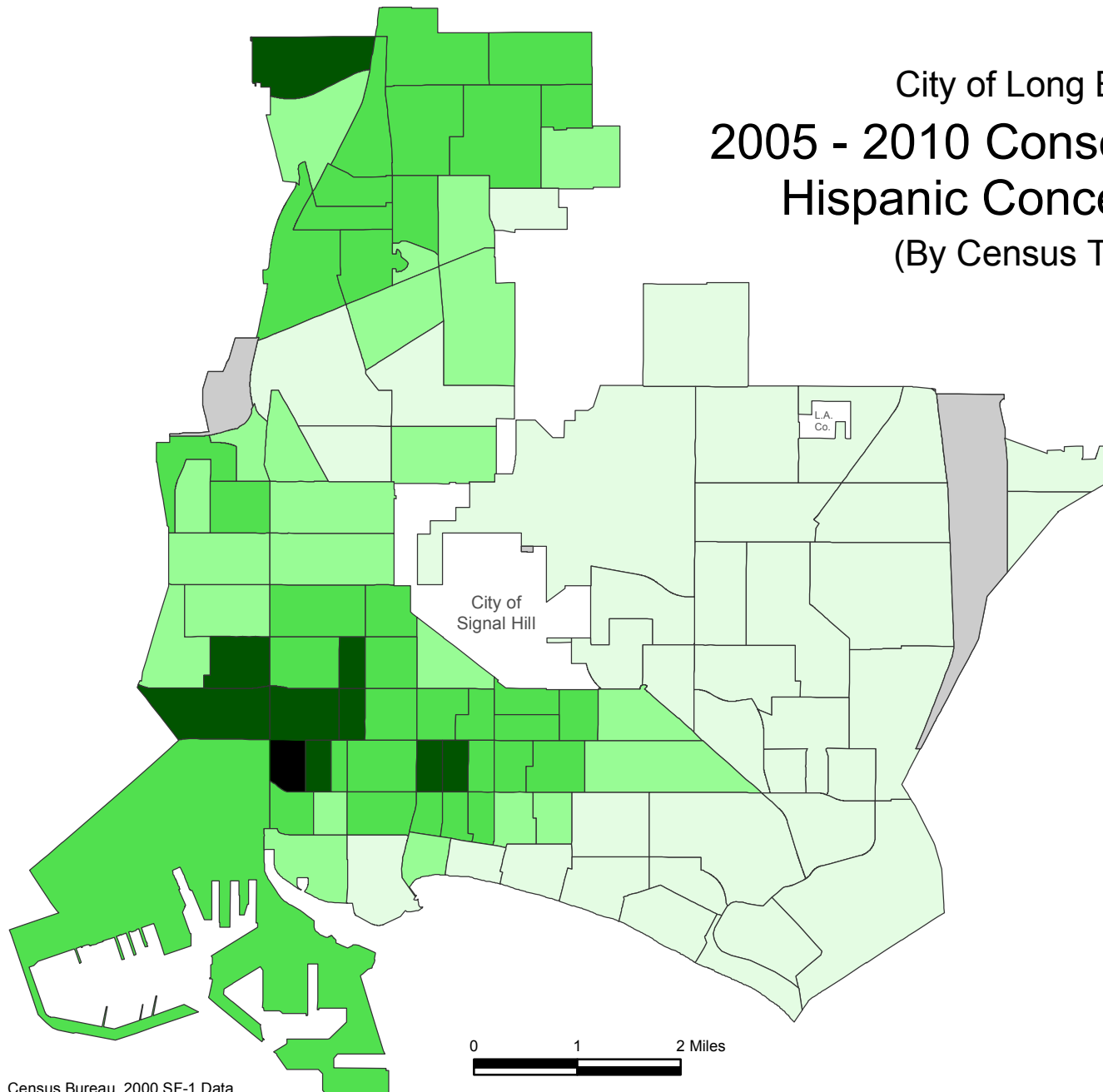
The majority of neighborhoods with a concentration of Hispanic residents also exhibit concentrations of African-American residents (Figure III-2). The African-American community in Long Beach was traditionally located just northeast of Downtown in the vicinity of the Pacific Coast campus of the Long Beach City College at the intersection of the Pacific Coast Highway and Alamitos. Since this location was one housing mainly lower income households in the mid-1970s, it soon attracted the impoverished Cambodians beginning to arrive in the City. As the numbers of Cambodians continued to grow, they gradually displaced African-American residents, who relocated first to the periphery of their original community, then to the City's upper West Side, and increasingly to various portions in North Long Beach.

Figure III-3 illustrates the extent of concentrations of Asian residents. Long Beach's Filipino population traditionally settled in the West Side near the naval facilities, and as they have acculturated and become more affluent, have expanded across the Los Angeles River into the Wrigley neighborhood. The City's highest concentration of Cambodians has historically been at the Anaheim/Cherry Avenue core, and has now spread out into the neighborhoods surrounding this core. More recently, Cambodians have also begun relocating to apartments in North Long Beach.

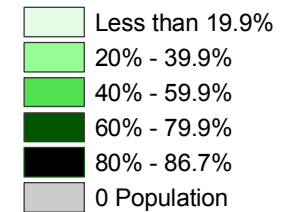
A comparison of the locations of ethnic concentrations in Long Beach with the household characteristics maps presented later in this section reveals a high correlation between concentrations of minority residents and high levels of poverty, renter and owner overcrowding, and renter overpayment.

The City's 2001 Analysis of Impediments to Fair Housing Choice (AI) concludes that there is a clear pattern of concentration of Whites living in the City. Approximately two-thirds of the White population living in Long Beach reside in Census Tracts where 50% or more of the residents are White, and 30 of the 36 Census tracts where this is the case lie within the eastern part of the City. As a follow-up to this finding of the AI, the City's Neighborhood Services Bureau conducted further analysis as to why this pattern of racial concentration exists in eastern Long Beach. The City concluded that the overriding factor preventing persons of color from moving into these areas was economic, and they did not find any evidence of housing discrimination or racial steering. These eastern Census tracts with concentrations of Whites also evidence the highest median incomes and highest for-sale housing values in Long Beach.

City of Long Beach
2005 - 2010 Consolidated Plan
Hispanic Concentrations
(By Census Tracts)



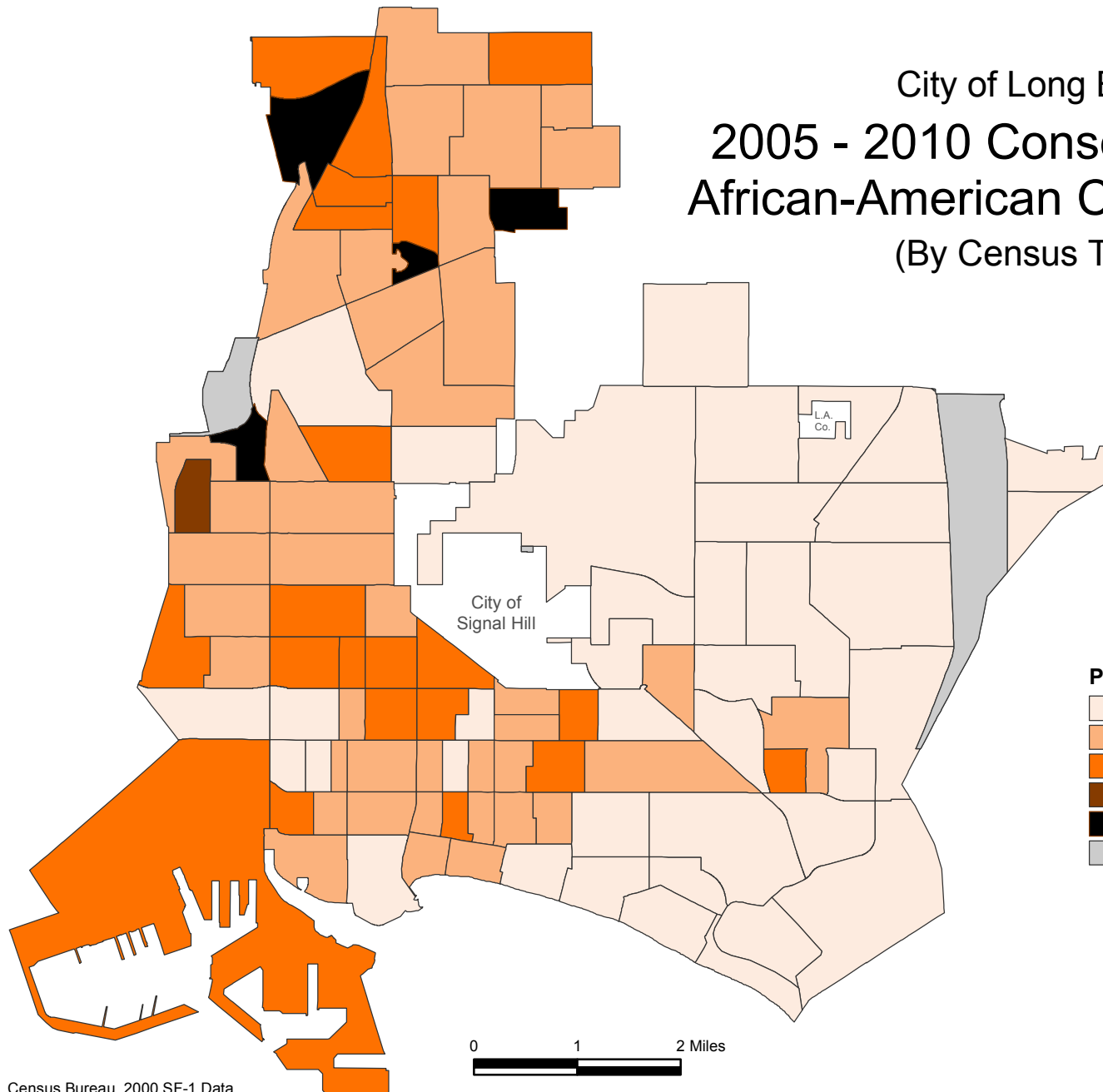
Percent Hispanic



Source: U.S. Census Bureau, 2000 SF-1 Data
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Dept. of Technology Services
& Dept. of Planning & Building

City of Long Beach
2005 - 2010 Consolidated Plan
African-American Concentrations
(By Census Tracts)

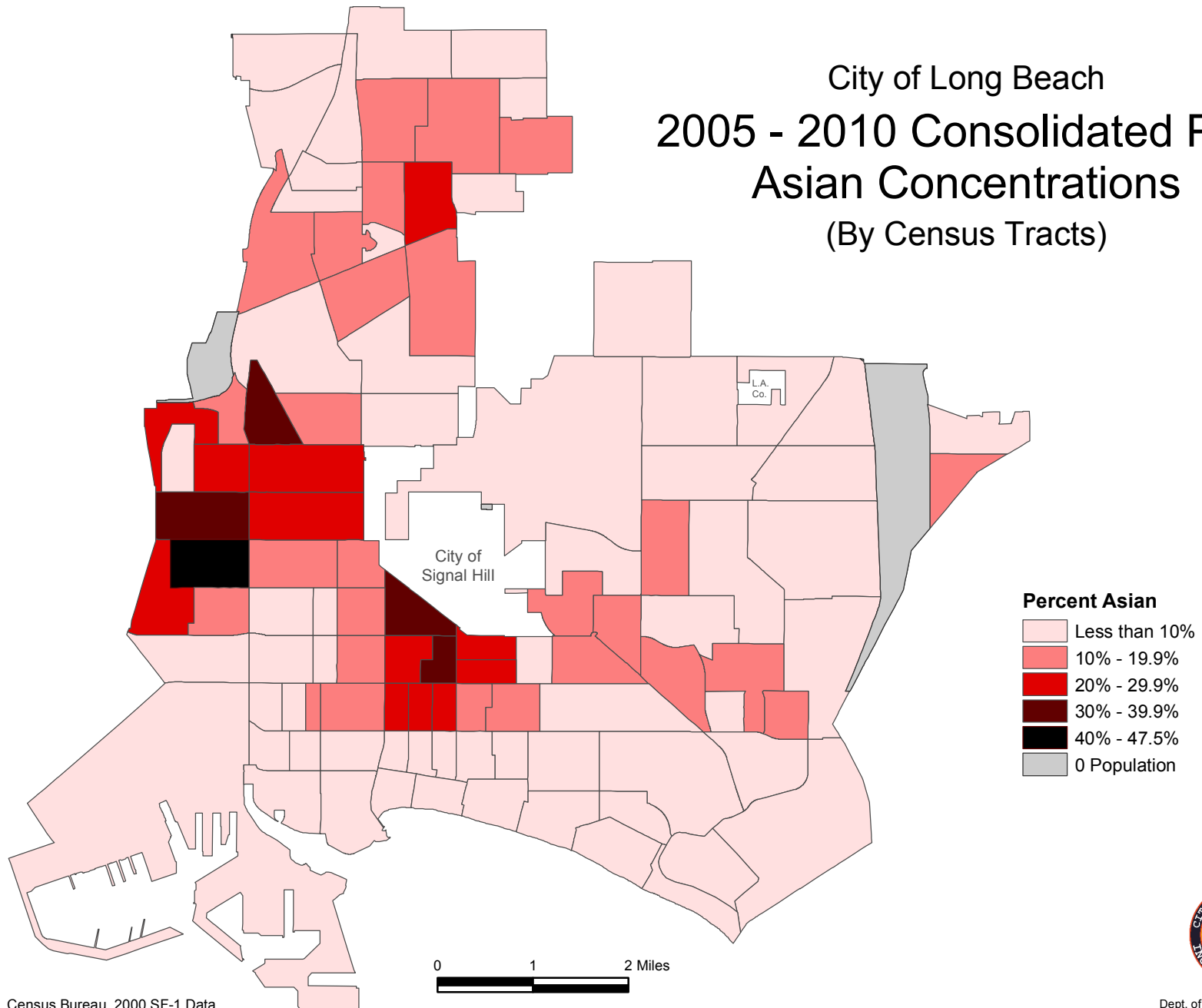


Source: U.S. Census Bureau, 2000 SF-1 Data
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& Dept. of Planning & Building

City of Long Beach
2005 - 2010 Consolidated Plan
Asian Concentrations
(By Census Tracts)



Source: U.S. Census Bureau, 2000 SF-1 Data
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B. HOUSEHOLD PROFILE AND NEEDS ASSESSMENT

Household type, composition, size, and income all affect housing need. This section identifies the characteristics of Long Beach households as well as special needs populations in the City.

1. Household Characteristics

A household is defined as all persons living in a housing unit. Families are a subset of households, and include all persons living together that are related by blood, marriage, or adoption. A single person living alone is also a household, but a household does not include persons in group quarters such as convalescent homes or dormitories. Other households are unrelated people residing in the same dwelling unit, such as roommates.

According to the 2000 Census, there were 163,088 households living in Long Beach, with an average household size of 2.8 persons (refer to Table III-4). In comparison to the 7% growth in population over the decade, the City experienced a modest 3% growth in households. This can in large part be explained by the substantial increase in persons of Hispanic and Asian ancestry with larger average family sizes (4.27 and 4.41 respectively), and the relative decrease in the White population with smaller families (2.79). As a result, the number of net households is not changing substantially as larger Asian and Hispanic families are in effect replacing smaller White families.

The majority of Long Beach households are comprised of families (61%). Families are divided among those with children (57%), and those without children (43%). During the 1990s, families with children increased by 11%, compared to less than a 1% increase in childless families. In contrast, the proportion of single-person households decreased by 2%, and other non-families decreased by 5%. This growth in families with children is directly related to the increase in Long Beach's Asian and Hispanic population.

Table III-4
Household Characteristics 1990 - 2000

Household Type	1990		2000		Percent Change
	Households	Percent	Households	Percent	
Families	93,913	59%	99,663	61%	+6%
With children	51,589	55%	57,080	57%	+11%
With no children	42,324	45%	42,583	43%	+<1%
Singles	49,008	31%	48,207	30%	-2%
Other non-families	16,054	10%	15,218	9%	-5%
Total Households	158,975	100%	163,088	100%	+3%
Average Household Size	2.7		2.8		--

Source: U.S. Census 1990 and 2000.

2. Special Needs Populations

Special needs populations include the elderly, frail elderly, persons with disabilities, female-headed households, persons with HIV/AIDS, victims of domestic violence and persons suffering from substance abuse. These groups have special needs for services and housing. In addition, many often have lower incomes as a result of their condition. Table III-5 summarizes the special needs populations in Long Beach. Each of these population groups, as well as their housing needs, is described below. Services available to assist these groups are discussed in the Community Development section of the Consolidated Plan.

**Table III-5
Special Needs Populations**

Non-Homeless Special Needs Groups	2000		
	Persons	Households	Percent
Large Households		26,739	16%
Renter		16,191	61%
Owner		10,548	39%
Seniors (65+)	41,902		9%
With a Disability	18,565		44%
Senior Households		24,920	15%
Renter		8,139	33%
Owner		16,781	67%
Seniors Living Alone		12,429	50%
Persons with Disability	87,773		21%
Percent Employed (age 21-64)			50%
Persons with HIV/AIDS (Living)	5,500		1%
Single Parents with Children		22,386	14%
Mothers with Related Children		17,620	79%
Fathers with Related Children		4,766	21%

Source: U.S. Census 2000; Long Beach Department of Health & Human Services.

Large Households

Large households consist of five or more persons, and are considered a special needs population due to the limited availability of affordable and adequately sized housing. The lack of large units is especially evident among rental units. Large households often live in overcrowded conditions, due to both the lack of large enough units, and insufficient income to afford available units of adequate size.

Approximately 26,700 large households (5+ members) live in Long Beach, representing 16% of all households in the City. Of these large households, 60% are renters, with the majority of these large renter households (75%) earning low to moderate-incomes. The CHAS Databook reports that 93% of the City's large renter households suffer from one or more housing problems, including housing overpayment, overcrowding and/or substandard housing conditions.

The CHAS Databook further documents the mismatch between the need for larger rental units and the City's supply of smaller units. Less than 8,000 rental units in Long Beach contain three or more bedrooms, in general, the appropriate sized unit for a large household of five or more members. In contrast, the City has over 16,000 large renter households – twice the number that can be accommodated within the stock of large rental units. This imbalance between supply and demand contributes to 86% of the City's large renter households residing in overcrowded conditions.

The City emphasizes the inclusion of large family units in both owner and rental housing developments to meet this need. In addition, the City's Residential Rehabilitation Loan Program provides loans for room additions to provide adequately-sized housing.

Elderly and Frail Elderly

Approximately 9% of Long Beach residents are over age 65, and about 15% of all households are headed by seniors. While most seniors are homeowners (67%), a substantial proportion (33%) rent their unit. About half of the City's elderly live alone. Approximately 44% of elderly residents in Long Beach have some type of disability.

The elderly have a number of special needs including housing, transportation, health care, and other services. Housing is a particular concern due to the fact that many of the elderly are on fixed incomes. As housing expenses rise, they may have less money available for medical costs and other vital services.

Rising rental housing costs are a major concern, since 72% of Long Beach's elderly renter households have low or moderate-incomes (<80% MFI), with 56% earning low incomes (<50% MFI). Moreover, the CHAS Databook documents that over half of the City's elderly renters experience a housing cost burden (> 30% income on rent). As shown later in Table III-15, Long Beach is home to eighteen senior housing projects, providing over 1,500 affordable units restricted to occupancy by lower income seniors. While 1,100 senior households receive Section 8 rent vouchers from the Housing Authority of the City of Long Beach, another 1,600 households are on the waiting list for Section 8 assistance.

Over 15,000 senior homeowners in Long Beach earn low-to-moderate incomes. Minor home repair and rehabilitation assistance is needed by many of these elderly owners, as their financial and physical condition makes it difficult for them to maintain their homes.

Single-Parent Households

Single-parent households often require special consideration and assistance as a result of their greater need for affordable housing and accessible day care, health care, and other supportive services. According to the 2000 Census, there were 22,386 single-parent family households in Long Beach, representing 14% of all households.

Single-mother households, in particular, tend to have lower incomes, and as a result have greater needs for affordable housing and child care. In 2000, there were 17,620 female-headed households with children in Long Beach. Of those households, approximately 53% lived in poverty. Without access to affordable housing, many of these households may be at risk of becoming homeless. Affordable housing with child care centers or in close proximity to schools, public transportation, and recreation facilities can address critical needs of lower-income single-parent families.

Another vulnerable group of single parent families are “subfamilies” with children, defined as single parents/grandparents with children who live with another family. Long Beach had 3,045 mother-child subfamilies and 1,141 father-child subfamilies in 2000. Subfamilies are vulnerable to the point they must double up with other families in living arrangements to save income for other basic necessities. In some cases, subfamilies double up to share child-rearing responsibilities.

Persons with Disabilities

A disability is defined as a long-lasting condition that impairs an individual's mobility, ability to work, or ability to care for themselves. Persons with disabilities include those with physical, mental, or emotional disabilities. According to the 2000 Census, approximately 21% of residents 87,773 persons in Long Beach have some type of disability. Of the City's working-age disabled population (ages 21-64), only 50% are employed. In general, many persons with disabilities have lower incomes since the disability often affects their ability to work. Thus, persons with disabilities have a greater need for affordable housing, as well as supportive services.

Table III-6 provides a more detailed break-down of the types of disabilities faced by Long Beach residents. More than half of persons with disabilities have more than a single impairment, making it difficult to assess the true extent of each discrete disability type. Nonetheless, among residents with a single disability, the most prevalent types are: employment (35%), physical (23%), go-outside home (16%), mental (12%), and sensory disabilities (11%).

**Table III-6
Persons with Disabilities**

Type of Disability	Age 5-64	Age 65+	Total
1 Type Only	35,006	8,161	43,167
Sensory	3,367	1,569	4,936
Physical	5,743	4,031	9,774
Mental	4,787	527	5,314
Self-Care	797	73	870
Go-Outside Home*	5,012	1,961	6,973
Employment	15,300	--	15,300
2 or More Types	34,202	10,404	66,992
Total	69,208	18,565	87,773

Source: 2000 Census

* Defined by Census as any condition which impedes person's ability to go outside the home alone.

Persons with Physical Disabilities

Persons with an illness or impairment that impedes their ability to function independently are considered physically disabled. In most cases, a disabled person's ability to function independently can be enhanced by accessible housing conditions. Examples of accessibility accommodations include ramps, holding bars, wider doorways, lower sinks and cabinets, and elevators.

In addition to accessibility, housing affordability also serves as a barrier for many physically disabled individuals to live independently. Many physically disabled persons receive SSI (social security income) assistance, although benefit payments are well below the level necessary to afford market rate apartments in Long Beach. The Long Beach Housing Development Company secured HUD financing to assist in the development of two affordable housing projects for persons with disabilities – the 25 unit Casa Corazon and the 20 unit Merit Hall Apartments.

Severe Mental Illness

A severe mental illness includes persons diagnosed with a major affective disorder such as bipolar disorder or major depression, as well as those diagnosed with psychoses such as schizophrenia. Nationwide, an estimated 5.4% of the adult population suffers from a severe mental illness.² Persons suffering from mental illness require counseling, health care, and medication. In some cases, they may require institutionalization. In addition to mental health care, persons with severe mental illness may require housing with supportive services such as counseling or case management to lead stable lives. The National Alliance for the Mentally Ill estimates that one-third of the approximately 600,000 homeless in the United States have a severe mental illness.

² National Alliance for the Mentally Ill, *Facts & Figures*, January 2001. Severe mental illness is defined as mental illness lasting for at least one year (excluding substance use disorders and developmental disorders) which causes functional impairment and substantial interference with major life activities.

According to the State Community Care Licensing Division, 18 board and care facilities with a capacity of approximately 500 beds restricted to those with mental illness are located in Long Beach. The majority of clients in these facilities are low income individuals receiving SSI benefits.

Persons with Developmental Disabilities

The term developmental disability describes a group of conditions including mental retardation, autism, cerebral palsy, epilepsy and other conditions similar to mental retardation or requiring services such as would be required by a person with mental retardation.³ State regional centers provide a wide range of services and supports for people with developmental disabilities, as well as services for pregnant women who are at-risk for having a child with this type of disability. The Harbor Regional Center (with a main office in Torrance and training center in Long Beach) reports serving 3,086 developmentally disabled Long Beach residents in 2004. Persons with developmental disabilities require an array of services, ranging from affordable housing, health care, job training, special education, public transportation, and recreation programs. While many developmentally disabled persons live with their families, a variety of other living arrangements may be appropriate, including:

- ✓ licensed community care homes for children and adults
- ✓ foster family homes
- ✓ licensed health care homes
- ✓ independent and supported living

With the proper supportive environment, many persons with developmental disabilities are able to live independently, including renting or owning their own homes. Harbor Regional Center's housing development corporation H.O.P.E. (home ownership for personal empowerment) works to provide additional needed affordable housing opportunities for the developmentally disabled population.

Persons with HIV/AIDS

Persons with HIV/AIDS are considered a special needs group due their need for affordable housing, health care, counseling and other supportive services. Short-term housing needs for persons with AIDS may include hospice facilities, shelters or transitional housing. Long-term needs include affordable housing in close proximity to public transportation and health care facilities.

³ Source: Harbor Regional Center website: www.harborrc.org

As a communicable disease, California law requires health care providers to report AIDS cases to the local health officer. According to the Long Beach Department of Health and Human Services, there were an estimated 5,500 persons living with HIV/AIDS in Long Beach in 2003. Of these persons, 1,880 are infected with AIDS, and the remaining 3,620 have the HIV virus. (The number living with HIV is an estimate, as HIV reporting just recently began in California). Of those infected with AIDS, 52% are White, 25% are Latino, and 20% are African-Americans. Over the past five years, the HIV epidemic in Long Beach has been shifting from the gay white male community to communities of color.

In planning HIV/AIDS services, services will need to be provided to an increasing number of persons. While the rate of HIV transmission is dropping, it is more than offset by the declining mortality rate due to powerful new anti-retroviral therapies and other medical treatments.

In 2003, the Long Beach Department of Health and Human Services sponsored a comprehensive needs assessment of the City's HIV/AIDS population. The *Long Beach HIV/AIDS Care and Prevention Needs Assessment Report* develops a comprehensive continuum of HIV/AIDS services (CHS) that includes services to increase public awareness, and target high-risk HIV negative populations and HIV positive persons who engage in behaviors that transmit HIV infection. The continuum also includes technical assistance for providers, and suggests how the CHS links to the overall continuum for HIV services.

Since the early 1990s, HUD has funded the Housing Opportunities for People with AIDS (HOPWA) program to assist households where one or more people are HIV+ or have AIDS. As the largest City in the PMSA⁴, all HOPWA funds come through the City of Los Angeles. The Housing Authority of the City of Long Beach currently receives HOPWA funds to operate two housing programs:

- HOPWA Long-Term Tenant-Based Rental Assistance Program. Provides 1-2 years of Section 8 rental assistance, after which the assistance is rolled over into the Housing Authority Section 8 voucher program. Funding levels are for up to 40 households.
- HOPWA Short-Term Assistance Program. Provides periodic grants to help lower-income tenants catch up with rent and utility payments and pay moving expenses.

The Long Beach Health and Human Services Department, Preventative Health Bureau has two full-time HOPWA-funded Case Managers to implement these programs and to assist lower-income tenants with their overall housing needs.

⁴ PMSA – Primary Metropolitan Statistical Area

Persons with Alcohol or Substance Abuse Problems

According to the National Council on Alcoholism and Drug Dependence, 18 million Americans suffer from alcohol dependencies, while five to six million Americans suffer from drug addictions. Furthermore, more than nine million children live with a parent dependent on alcohol and/or illicit drugs.

Alcohol and drug addiction creates financial problems for many abusers because job performance deteriorates and because of the high cost of maintaining a drug addiction. According to the National Institute on Alcohol Abuse and Alcoholism, one-third or more of clients in publicly-funded residential programs are homeless most of the year before entry into treatment.

The continuum of care for persons with substance abuse problems consists of four levels of assistance. Public inebriate reception centers, detoxification recovery facilities, recovery homes, and outpatient support networks offer varying levels of care to abusers willing to receive treatment. A public inebriate reception center is a 24-hour facility allowing people to undergo immediate help without being jailed. A detoxification recovery facility allows persons to stay up to 30 days. Persons who need extended assistance may require a stay in a recovery home for 30 to 90 days. Outpatient support networks, such as Alcoholics and Narcotics Anonymous, provide support groups, counseling, and other programs on an ongoing basis.

3. Income Profile

Income is the key determinant of how much a household can afford to spend on housing. In Long Beach, a growing concern is the increasing gap between income and housing affordability. As of the 2000 Census, households in Long Beach earned a median household income of \$37,270 – well below the \$42,189 median income for Los Angeles County. One-third of Long Beach households earned less than \$25,000, and nearly two-thirds earned less than \$50,000.

Many of the workers who make up the diverse fabric of Long Beach earn very limited incomes, and are faced with overcrowding or overpaying for housing to live in the community. Occupations earning less than \$25,000 annually in Long Beach include people we interact with daily, such as:

- Fast food workers
- Retail salespersons
- Security officers
- Nurse's aides
- Social workers
- School aides
- Janitors

Income Definitions

State and federal housing programs use percentages of the area (County) median income to define categories of low and moderate income. However, as shown in Table III-7, federal income category definitions used under the Consolidated Plan and CDBG program differ from those used under the HOME program. In addition, federal income categories do not correspond with those used by the State under redevelopment, the housing element, and other state programs. For purposes of this Plan, the Consolidated Plan income definitions are used throughout, except where specifically noted.

**Table III-7
Income Categories**

Income Category	Consolidated Plan/ CDBG Program	HOME Program	State Programs
Extremely Low-Income	0-30% MFI	N/A	N/A
Very Low-Income	N/A	0-50% MFI	0-50% MFI
Low-Income	31-50% MFI	51-80% MFI	51-80% MFI
Moderate-Income	51-80% MFI	N/A	81-120% MFI
Middle-Income	81-95% MFI	N/A	N/A
Upper-Income (Above Moderate)	95%+ MFI	N/A	120%+ MFI

Notes: MFI = Median Family Income; N/A = Not Applicable.

Source: 24 Code of Fed. Regulations Part 91 91.305 and Section 500093 of California Health and Safety Code.

Low and Moderate Income Areas

Figure III-4 illustrates Long Beach's designated Low and Moderate Income Areas, defined by HUD as census block groups that contain greater than 50% of households earning below 80% of the County median income. These areas correspond with the City's Community Development Block Grant (CDBG) Target Zones and Neighborhood Improvement Strategy (NIS) areas.

The City's low and moderate Income Areas generally fall within Downtown, Central and North Long Beach, and portions of the West Side. Comparison of these areas with earlier figures on ethnic concentrations illustrate a high correlation with concentrations of Hispanic households. Many areas with concentrations of African-American and Asian households also fall within low and moderate income areas.

Income by Race/Ethnicity

Table III-8 shows the income level of Long Beach residents by race and ethnicity. Minority households were disproportionately represented among lower and moderate income households. Whereas extremely low income households represented 16% of all households in the City, 24% of African-Americans and 20% of Hispanic and Asian households were extremely low income. Similarly, low income households represented 12% of households Citywide, yet comprised 19% of Hispanic households. And while 16% of Long Beach households are moderate income, 23% of Hispanic and 18% of African-American households earned moderate incomes. These same minority groups were under-represented among middle and upper income households, in contrast to White households who were over-represented in the highest income category.

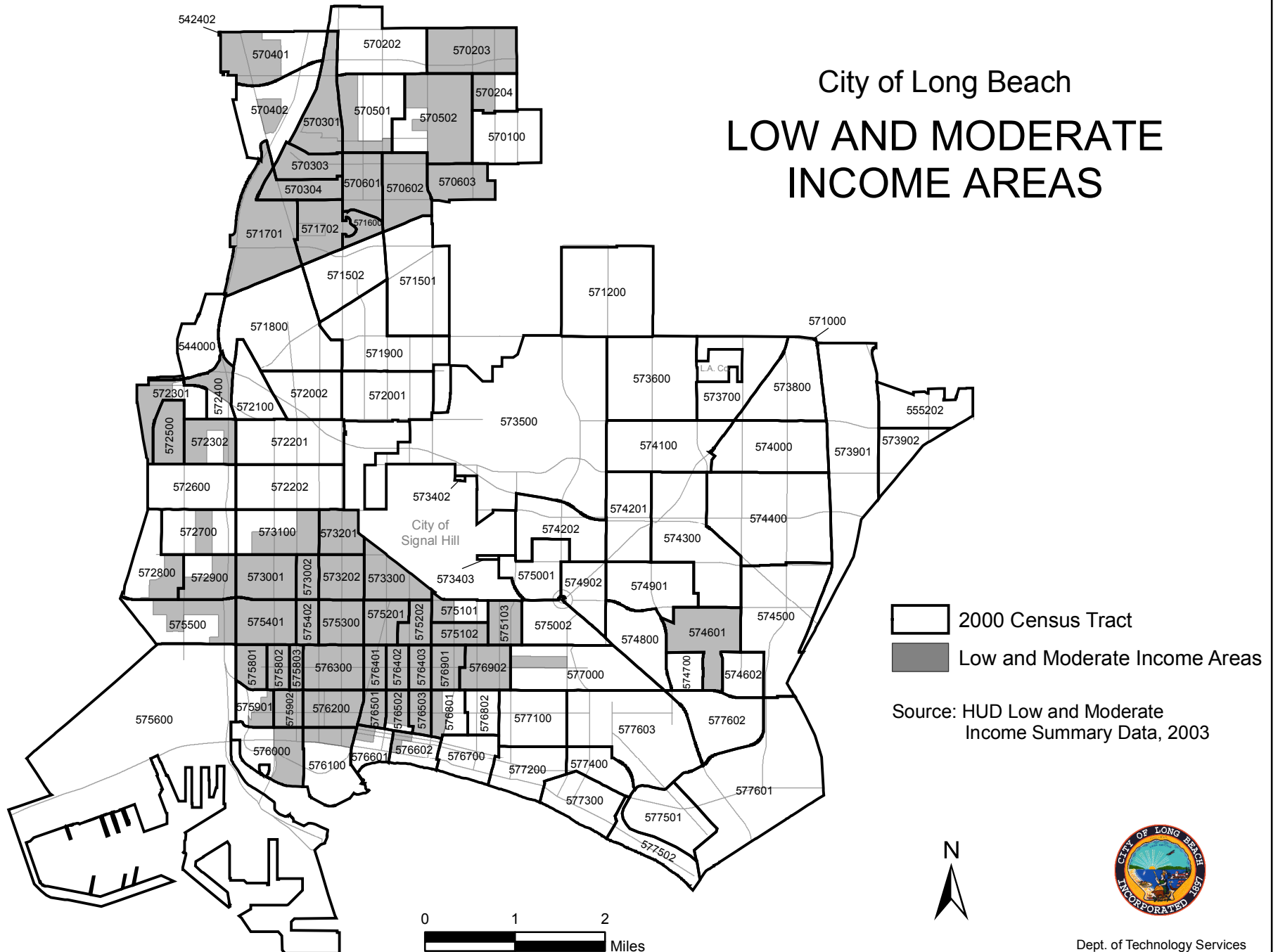
Table III-8
Income by Household Race/Ethnicity

Income Level	Total Hhlds	White		Hispanic		African-American		Asian	
		Hhlds	Percent	Hhlds	Percent	Hhlds	Percent	Hhlds	Percent
Extremely Low (0-30% MFI)	16%	7,005	9%	7,995	20%	5,824	24%	2,940	20%
Low (30-50% MFI)	12%	6,155	8%	7,755	19%	3,500	14%	2,005	13%
Moderate (50-80% MFI)	16%	9,330	13%	9,395	23%	4,370	18%	2,140	14%
Middle/Upper (>80% MFI)	56%	53,430	70%	15,740	38%	10,770	44%	7,975	53%
Total Households	100%	75,920	47%	40,885	25%	24,464	15%	15,060	9%

Note: Due to rounding, CHAS special tabulation data household totals differ slightly from census totals.

Source: HUD, CHAS Databook, 2000.

City of Long Beach LOW AND MODERATE INCOME AREAS



Households in Poverty

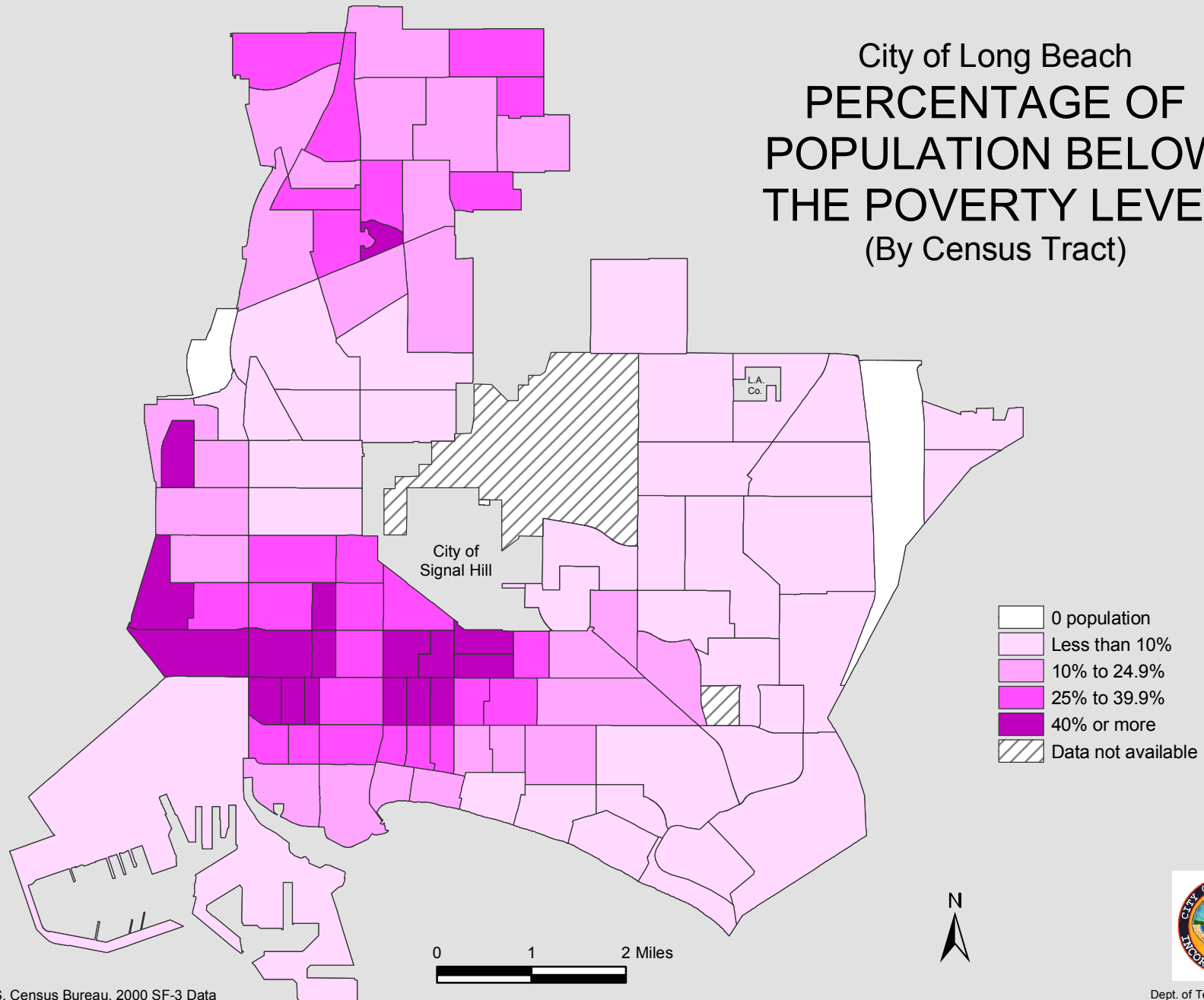
The federal government publishes national poverty thresholds that define the minimum income level necessary to obtain the necessities of life. The 2000 poverty threshold for a family of four was \$17,463. In 2004, Long Beach was ranked 7th in the United States in terms of the proportion of the population living below the poverty level.⁵

The 2000 Census identifies 23% of Long Beach residents as living in poverty, a significant increase from the 17% poverty rate in 1995. More than half of the approximately 103,000 City residents in poverty are children, translating to more than 55,000 children in poverty.

Where do households in poverty live? Figure III-5 illustrates the percent of the population in poverty by Census tract in the City. The two darkest pink colors illustrate Census tracts where more than 25% of the population is in poverty. These areas are primarily concentrated in the Downtown, Central and West Side areas of Long Beach, as well as in scattered areas in North Long Beach.

⁵ The 2003 American Community Survey conducted by the Census Bureau

City of Long Beach PERCENTAGE OF POPULATION BELOW THE POVERTY LEVEL (By Census Tract)



Source: U.S. Census Bureau, 2000 SF-3 Data
sbd 3/11/05 c:\projects\2000 Census\pop_pov.mxd



Dept. of Technology Services
& Dept. of Planning & Building

C. HOMELESS NEEDS ASSESSMENT

1. Homeless Profile

The City of Long Beach, Department of Health and Human Services completed its first point in time, street and service based homeless count and comprehensive assessment on March 12, 2003. This process yielded important data to comprehensively understand and address the demographics of the Long Beach homeless population, existing service availability and determine gaps in resources citywide. The total number of persons who experience homelessness on any given day in Long Beach was revealed to be 5,845, which is approximately one percent of the city's total population. Additionally, it was determined that 2,069, or 35%, were children under the age of 18 with a parent. There were 795 family units counted during this process. The following Table III-9 delineates the breakdown of the Long Beach homeless population by adults, children, gender and ethnicity.

**Table III-9
Long Beach Homeless Population
(March 2003 Survey)**

	Percentage	Amount
Adults	64.6%	3,776
Children	35.4%	2,069
<u>Gender of Adults:</u>		
	Percentage	Amount
Males	71.5%	2,699
Females	28.4%	1,072
Transgender	0.1%	5
<u>Ethnicity:</u>		
African American	45.7%	1,726
Caucasian	29.4%	1,110
Hispanic	15.9%	600
Asian	3.2%	121
American Indian	2.5%	94
Other	3.3%	125
<u>Breakdown of locations:</u>		
On the street (i.e. parks, riverbed, alleys, etc)		4,509
Residential Program Sites		1,336

Table III-10 provides a further breakdown of the City's estimated 5,845 sheltered and unsheltered homeless by subpopulation. Based on the current inventory of housing available to serve for this homeless population, the gaps analysis documents an unmet need for 731 beds for homeless individuals and 1,575 beds for homeless families.

Table III-10
Continuum of Care: Homeless Population and Gaps Analysis

Homeless Populations and Subpopulations Chart

PART 1: HOMELESS POPULATION	SHELTERED		UNSHELTERED	TOTAL
	<i>EMERGENCY*</i>	<i>TRANSITIONAL</i>		
1. Homeless Individuals	143 (N)	733 (N)	2091 (N)	2967(N)
2. Homeless Families with Children	50 (E)	67 (E)	678 (E)	795 (N)
2a. Persons in Homeless Families With Children	184 (N)	430 (N)	2264 (N)	2878 (N)
Total (lines 1 + 2a)	327	1163	4355 (N)	5845 (N)
Part 2: Homeless Subpopulations	Sheltered		Unsheltered	TOTAL
1. Chronically Homeless**	524		2286	2810
2. Severely Mentally Ill	1031			
3. Chronic Substance Abuse	2288			
4. Veterans	181			
5. Persons with HIV/AIDS	32			
6. Victims of Domestic Violence***	411			
7. Youth (Under 18 years of age)	28			

** Includes Children

Continuum of Care Housing Gaps Analysis Chart

		Current Inventory in 2004	Under Development in 2004	Unmet Need/ Gap
Individuals				
Beds	Emergency Shelter	143*	59	219
	Transitional Housing	733	12	146
	Permanent Supportive Housing	330	83	366
	Total	1206	154	731

*Does not include seasonal, overflow/voucher beds.

Persons in Families With Children

Beds	Emergency Shelter	184	0	472
	Transitional Housing	430	0	315
	Permanent Supportive Housing	75	0	788
	Total	689	0	1575

2. Homeless Facilities

Table III-11 provides an inventory of the facilities within Long Beach that assist the homeless persons and families with children and subpopulations identified in Table III-10. These facilities include emergency shelters, transitional housing, and permanent supportive housing. Facilities under development are also included. Comparison of this inventory with the needs of the City's homeless population provides the basis for the gaps analysis.

**Table III-11
Long Beach Homeless Facilities**

EMERGENCY SHELTER											
Provider Name	Facility Name	HMIS	Geo Code	Target Population		2004 Year-Round Units/Beds			2004 All Beds		
				A	B	Family Units	Family Beds	Individual Beds	Year Round	Seasonal	Overflow Voucher
Current Inventory											
Boys and Girls Town of America	Boys and Girls Town	N	062088	YMF				16	16		
Catholic Charities	Elizabeth Ann Seaton Residence	P - 12/04		FC		10	43		43		10
Catholic Charities	Elizabeth Ann Seaton Residence	P - 12/04		M				7	7		
Department of Health and Human Services		P- 11/04		M							40
His Nesting Place	His Nesting Place	N		FC		2	22		22		
Long Beach Rescue Mission	Lydia House	N		FC		1	33		33		
Long Beach Rescue Mission	Samaritan House	N		SM				120	120		
Los Angeles County Winter Shelter	New Image Emergency Shelter	P - 3/05		SMF						215	
Mental Health Association		P- 11/04		M							210
New Image Emergency Shelter		P- 11/04		M							135
Southern California Alcohol and Drug Program	Baby Step Inn	P - 12/04		FC			24		24		
Su Casa		P - 12/04		FC	DV		22		22		
Travelers Aid Society of Long Beach		P - 11/04		M							100
Women-Shelter	Women-Shelter	P - 3/05		FC	DV		30		30		
1736 Family Crisis Center	1736 Family Crisis Center	P - 11/04		FC	DV		10		10		
				SUBTOTAL		13	184	143	327	215	495
Under Development											
Institute for Urban Research and Development	Emergency Shelter - Project ACHIEVE	P- 3/05		SMF				59	59		
				SUBTOTAL		0	0	59	59	0	0

TRANSITIONAL HOUSING											
Provider Name	Facility Name	HMIS	Geo Code	Target Population		2004 Year-Round Units/Beds			2004 All Beds		
				A	B	Family Units	Family Beds	Individual Beds	Total Beds	Seasonal	Overflow Voucher
Current Inventory											
1736 Family Crisis Center	1736 Family Crisis Family Shelter	P - 12/04	062088	FC	DV	24	64		64		
1736 Family Crisis Center	Youth Housing Program	P - 12/04		YMF				12	12		
Atlantic Recovery Services	Atlantic House West	P - 12/04		SM				24	24		
Atlantic Recovery Services	Atlantic House North	P - 12/04		SMF				16	16		
Being Alive	Being Alive Housing	N		SMF	AIDS			6	6		
Changing Spirits	Changing Spirits	N		SM				18	18		
Christian Outreach In - Action	Christian Outreach In-Action	P - 12/04		FC		12	48		48		
Christian Outreach In - Action	Christian Outreach In-Action	P - 12/04		SM				6	6		
Flossie Lewis	Transitional Living Program	N		SF				12	12		
Flossie Lewis	New Life House	N		FC			6		6		
Interval House	Transitional Housing	P - 12/04		FC	DV		19		19		
Men's 12-Step House	Men's 12 Step House	N		SM				45	45		
New Image Emergency Shelter	Project Stepping Stone I	P - 11/04		FC		3	9		9		
New Image Emergency Shelter	Project Stepping Stone II	P - 11/04		FC			45		45		
New Life Beginnings	New Life Beginnings-Maternity Home	N		FC SF		1	14	6	20		
Project New Hope	Padua House-Transitional Housing	N		SM	AIDS			11	11		

Redgate Memorial Recovery Center	Redgate Memorial Recovery Center	N		SMF				43	43		
Salvation Army	Adult Rehabilitation Center	P - 11/04		SM				92	92		
Salvation Army	Beach Haven Lodge	P - 11/04		SM				40	40		
Salvation Army	Transitional Living Center	P - 11/04		FC			75		75		
Santa Maria House	Santa Maria House	N		SM	AIDS			12	12		
Southern California Drug and Alcohol Program	Long Beach Residential Services	P - 12/04		SM				7	7		
Substance Abuse Foundation	Sobriety House	P - 11/04		FC SMF		1	40	103	143		
Su Casa		P - 12/04		FC	DV		24		24		
Tarzana Treatment Center	Transitional Program	N		FC		1	86		86		
U.S. Veterans Initiative	VIP	P - 12/04		SM	VETS			48	48		
U.S. Veterans Initiative	ADVANCE	P - 12/04		SF	VETS			20	20		
U.S. Veterans Initiative	Villages at Cabrillo	P - 12/04		SMF	VETS			160	160		
Veteran's Affairs	Veterans in Recovery	N		SMF	VETS			52	52		
				SUBTOTAL		42	430	733	1163		
Under Development											
Atlantic Recovery Services	Atlantic House Women SHP 2002	P - 12/04		SF				12	12		
				SUBTOTAL		0	0	12	12		
PERMANENT SUPPORTIVE HOUSING											
Provider Name	Facility Name	HMIS	Geo Code	Target Population		2004 Year-Round Units/Beds			2004 All Beds		
				A	B	Family Units	Family Beds	Individual Beds	Total Beds	Seasonal	Overflow Voucher
Current Inventory											
Atlantic Recovery	Permanent Housing Program	P - 12/04	062088	SM				16	16		
Amends Center		N		SM				35	35		
Being Alive	Being Alive Housing	N		SMF	AIDS			10	10		

Mental Health Association	Homeless Assistance Programs (S+C)	P - 11/04		SMF				37	37		
U.S. Veterans Initiative	Cabrillo Permanent Housing	P - 11/04		SMF	VETS			200	200		
U.S. Veterans Initiative	S+C Housing	P - 11/04		SMF	VETS			32	32		
Long Beach Housing Authority	Section 8 Vouchers	P- 12/04		M		30	75		75		
				SUBTOTAL		30	75	330	405		
Under Development											
Institute for Urban Research and Development	Permanent Safe Haven - Project ACHIEVE	P - 5/05		SMF				25	25		
Atlantic Recovery	Permanent Housing Program	P - 5/05		SMF				16	16		
Atlantic Recovery	Permanent Housing Program	P - 5/05		SMF				12	12		
U.S. Veterans Initiative	Cabrillo Permanent Housing	P - 5/05		SMF	VETS			30	30		
				SUBTOTAL		0	0	83	83		

3. Homeless Services

The City of Long Beach has designed a Continuum of Care (CoC) that outlines the City's efforts to end homelessness. The Continuum of Care is a community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. It includes action steps to end homelessness and prevent a return to homelessness.

HUD identified the fundamental components of a comprehensive Continuum of Care system to be:

- Outreach, intake, and assessment to:
 - (1) identify an individual's or family's service and housing needs, and
 - (2) link them to appropriate housing and/or service resource.
- Emergency shelter and safe, decent alternatives to the streets.
- Transitional housing with supportive services to help people develop the skills necessary for permanent housing.
- Permanent housing and permanent supportive housing

The City of Long Beach's Continuum of Care system is coordinated. It not only includes the fundamental components identified by HUD, but also the necessary linkages and referral mechanisms among these components to facilitate the movement of individuals and families toward permanent housing and self-sufficiency. It balances available capacity in each of its key components and provides a framework that is both dynamic and responsive to changing needs over time.

In addition, the Continuum of Care includes a focus on homelessness prevention strategies and services. Prevention services might include one-time emergency funds to keep families housed, crisis intervention services for people with mental illness living in the community, and peer networks for people in early recovery living in permanent housing.

Table III-12 presents the Continuum of Care Service Activity Chart listing the component and the actions to support the component.

Table III-12
Continuum of Care Service Activity Chart

Component: Prevention

Prevention Services in Place:

Rental Assistance/Eviction Prevention

- City of Long Beach Department of Health and Human Services (DHHS) administers a prevention program that utilizes Emergency Shelter Grant funds that offer rental assistance for persons confronted with eviction and for persons' first and last month's rent.
- Beyond Shelter receives funds to work with agencies throughout Los Angeles County to provide rental assistance to persons facing evictions. The agency also provides rental assistance subsidies for first and last month's rent to families enrolled in transitional housing and who have secured permanent housing.
- New Image provides rental assistance subsidies through HOPWA funds to assist persons living with HIV/AIDS from becoming homeless.
- Salvation Army and Catholic Charities provide rental assistance to families to prevent eviction.

Legal counsel

- Legal Aid Foundation is providing eviction prevention seminars and legal assistance to clients being unfairly evicted.

Utility Assistance

- New Image, Salvation Army and the Housing Services Bureau, provide subsidies for utilities as a method to prevent eviction.

Prevention Classes

- Multi-Service Center (MSC) Collaborative Agencies include a prevention component in their services by holding special classes for low and very-low income families/individuals to assist with budgeting, information access, case management, health programs and access to other mainstream programs.
- Mental Health Association, the MSC Housing First project, Neighborhood Resource Center and the Housing Authority all offer tenant training courses for clients currently housed or who will shortly be housed, about tenant rights and the responsibilities of being a good tenant.

Prevention Services Planned:

Rental assistance

- Housing Services Bureau in-conjunction with the MSC Housing First Project will be providing eviction prevention and rental subsidies through HOME funds.
- The Working Group will continue to seek additional funds through the Los Angeles County Emergency Food and Shelter Program and the Emergency Housing Assistance Program to expand homeless prevention programs in Long Beach.

Mainstream resource coordination (Social Services Dept. cash assistance program to prevent eviction)

- The Working Group, along with agencies at the MSC, continues to improve coordination with mainstream resources to ensure that clients receive the public assistance for which they are eligible.

- The MSC collaborative is currently in negotiation with DPSS to have a staff located at the site to provide direct and immediate linkages to this mainstream resource.

How Persons Access/Receive Prevention Service Assistance:

- Referrals to the homeless prevention programs are available through the City's Pocket Guide/Resource Directory, which lists various social service agencies that provide assistance to very low and low-income and homeless individuals and families. The pocket guide is distributed by City Council offices, Downtown (DLBA) Guides, local schools, CAN, Homeless Coalition members, area churches, police officers, outreach workers, neighborhood and business associations, local non-profit agencies, DHHS, City Source, libraries, and Parks and Recreation.
- Individuals and families can access prevention programs through City Source, an information and referral service operated by the City and located at the Long Beach City Hall.
- MSC provides free van service to transport clients from local agencies and designated pick-up and drop-off points throughout the City to allow for easy access to the MSC.
- InfoLine provides housing and supportive services referrals for Long Beach residents through a toll free number seven days a week, twenty-four hours a day.
- The Homeless Services Coordinator provides individuals, families, business and neighborhood associations with information regarding resources available citywide via the distribution of the Resource Directory/Pocket Guides and presentations to the community.
- City maintains a website, which lists contact information for the Homeless Services Coordinator and information on homeless services and resources.

Component: Outreach

Outreach Activities in Place:

Outreach activities for homeless persons living on the streets and how they are connected to services and housing

- Mental Health Association (MHA) provides nine street outreach workers, specializing in assisting mentally ill adults, 24 hours a day, seven days a week. Many of the mentally ill are unaware of services, reluctant to use them or unable to negotiate the system without assistance. The outreach workers make consistent contacts with the homeless, provide them with resource information, attempt to engage them to accept services/housing and use the Homeless Assistance Program drop-in center.
- Boys and Girls Town of America provides a part-time outreach team comprised of staff and youth volunteers. The outreach team looks for homeless youth in parks, malls, under freeway passes and other locations. The outreach teams develop rapport and trust with the youth and encourage the youth to visit service providers and begin receiving assistance.
- New Image Emergency Shelter employs a part-time outreach worker that specializes in engaging homeless youth ages 13-18. The outreach team looks for homeless youth in parks, malls, under freeway passes and other locations and assist the youth to return to home, enter into specialized shelters or become emancipated adults and housed.
- The MSC multi-disciplinary outreach team is comprised of outreach case managers, public health nursing and a mental health outreach worker from MHA. The outreach team provides outreach for the general homeless population, but focuses on the chronically homeless. The outreach team goes where the homeless reside (parks, alleys, abandoned buildings, freeway underpasses, etc.). The

team also works with the Downtown Long Beach Guides, Long Beach Police Department, Long Beach Parks and Recreation and Long Beach Public Works Department to identify encampments. The outreach team also assists the Police and Downtown Guides in building skills to work with the homeless population on the streets. The outreach teams distribute sack lunches, clothes, blankets and resource kits to the homeless. They attempt to engage them to use the MSC or MHA drop-in center for more intensive services.

- Public Health Nursing staffs are members of the outreach team to promote medical interventions while engaging the homeless. They provide public health education and basic first aid on the streets and inform the homeless persons of the broader range of services and housing throughout the CoC.
- The City of Long Beach currently operates four Mental Health Evaluation Team (M.E.T.) Programs, in which a county funded mental health worker teams up with a police unit to respond to calls where mental illness may be a factor. This service assists clients by providing appropriate medical care and treatment versus jail time and prevents release back onto the streets. The M.E.T. works in conjunction with the City multidisciplinary outreach team to effectively link these clients to services.
- Veteran's Affairs and United States Veteran's Initiative employ two outreach staff that work citywide to link homeless Veterans to services. The team visits encampments, streets and other areas where the homeless congregate. They make consistent contact and inform them of housing and supportive services available to the homeless veteran.

Outreach activities for other homeless persons

- The MSC multi-disciplinary outreach team works citywide but spend additional time specifically in the downtown area in collaboration with local businesses to provide outreach to the general homeless population.
- The DHHS has two mobile medical clinics that travel to different areas of the City, concentrating on areas where individuals who abuse substances and homeless individuals congregate. Staff on the mobile clinics distributes the Resource Directory to individuals and families who are homeless and in need of services.
- Public Health Nursing staff is members of the MSC outreach team to promote medical interventions while engaging the homeless. City staff from DHHS Public Health Nursing Division distributes information and Resource Directories to people at risk for homelessness. The Public Health nurses distribute the Resource Directory during home and clinical visits through the Tuberculosis Direct-Observation Program, Senior-Links Program and other home-visitation programs.
- The Centers for Families and Youth work with at risk families and families that are homeless. The in home case managers provide clients with resource directories and direct linkages to the MSC and other mainstream resources the families are eligible to receive.
- Resource Directories are distributed at each of the nine council district field offices by Council staff citywide, as well as, senior centers and neighborhood centers to connect persons with the needed services at the appropriate agency.
- MHA conducts outreach into the jails and engages the mentally ill homeless in services prior to their release.
- The MSC collaborative works with local hospitals and has developed a discharge protocol for homeless clients so they are not discharged directly to the streets. The local hospitals are provided with housing resource information and direct access to linkages for case management and housing first opportunities.
- Veteran's Affairs (VA) and United States Veteran's Initiative employ two outreach staff that work citywide to link homeless Veterans to services. The outreach team also visits shelters and service agencies to educate them on the available services at the VA and at Villages at Cabrillo.
- Service providers outreach to emergency and transitional shelters to present information to homeless persons to inform them of available resources and permanent housing options.
- Outreach is achieved through City Sources, libraries, parks and recreation, police, fire, community

service center, senior centers through the distribution of resource pocket guides.

- City maintains a website, which lists contact information for the Homeless Services Coordinator and information on homeless services and resources.

Outreach Activities Planned:

For homeless persons living on the streets

- The development of Outreach Standards will detail approaches specific to working with the chronically homeless, thereby increasing effectiveness of engagement, coordination and service delivery.
- Outreach Workers will strive to develop relationships with emergency shelters to secure bed availability specifically designated for homeless persons who are willing to accept housing and are ready to engage in services.
- Partnerships with the police, public works, nuisance abatement and parks departments have continued to identify additional locations of homeless encampments throughout the City. Outreach workers will visit the homeless at these new locations.
- Outreach Workers in the City will continue to create on-going training schedules as part of the Standards of Care for new workers, and ensure that outreach workers citywide will utilize the best practices when engaging the chronically homeless.
- Outreach workers are bringing services to clients who are unwilling or unable to access the MSC directly, including conducting intakes on the streets, housing placement and transportation directly to medical and housing resources.
- The Homeless Assistance Response Team (HART) will expand current outreach efforts to include downtown security patrols, provide better linkages between outreach and police officers and potentially include student interns from California State University Long Beach Departments of Nursing and Social Work. Pilot implementation will be concentrated in the downtown civic center and Pine Avenue City Place mall.

For other homeless persons

- Outreach workers will continue to improve relationships with the discharge planners from local medical facilities and local jails to effectively coordinate discharge of homeless patients.
- Maintain regular citywide outreach network meetings, further expanding membership with constituents who may or may not be affiliated with homeless services, such as security patrols, volunteers, formerly homeless and neighborhood/business watch groups.

Component: Supportive Services

Supportive Services in Place:

Case management

- Within the City, almost 100% of services providers have some form of case management ranging from immediate planning and follow-up to long-range planning. All of the transitional and permanent supportive service providers have long-term case management. Several of the emergency shelter provides short-term case management. Outpatient clinics, such as Atlantic Recovery, and drop-in centers, such as the MSC and MHA, provide case management for those who remain on the streets and those who are housed in shelters, while also providing six months of after care to clients entering into permanent housing to ensure client stability.

- Standards of Care (SoC) - The SoC acts as a guide to help case managers citywide and other direct service staff to coordinate service delivery systems in a manageable way for the client. The content of SoC covers many topics, such as and not limited to: client rights and responsibilities, intake and assessment techniques and procedures, case planning, and crisis intervention. It also delineates the process to help the case manager screen for eligibility of mainstream benefits. Citywide homeless service providers utilize the SoC.
- Individual Service Plan (ISP) – Citywide homeless service providers also utilize the ISP as a tool to help the client develop goals, objectives, specific steps and timelines for achieving each goal/objective identified during the assessment. The ISP assessment outlines specific steps to help the client achieve short, medium and long-range goals. For example, it may include obtaining transitional housing as a short-term goal and obtaining employment as a mid-range goal. It also assist agencies in determining client eligibility for mainstream resources, therefore, it is the main tool utilized by service providers to develop a connection between clients and mainstream resources.
- No wrong door policy – The City’s CoC practices the no wrong door policy. The core philosophy to the “no wrong door” policy is that assessment and immediate needs of the person, which include food, housing, and clothing, are met. Once these resources are made available, it is the responsibility of the agency to either provide, or refer the homeless person to another entity that will provide them with the most appropriate level of care.
- Quality assurance (QA) – This is an internal monitoring system that the MSC, City grant monitoring staff, and many other service providers employ to self-monitor case management services. This is an accountability tool to help ensure that the correct documentation is collected, the information is completed accurately, that appropriate services are provided, and clients are case managed in accordance with Standards of Care.
- Centralized filing system – Currently, the MSC and its 14 public-private agencies share a centralized filing system for all the homeless clients seen. This allows for better coordination between case managers and avoids duplicative efforts.
- Ongoing training – DHHS provides ongoing training for service providers. The training topics include the SoC, treatment planning, chart documentation, resource development and crisis intervention. These training sessions are geared to instill best practices in the service delivery system.
- The City-wide Continuum of Care launched the Homeless Management Information System (HMIS). The HMIS will not only assist in standardizing case management services, but will allow for better tracking of services offered to clients, identifying gaps in the CoC as well as tracking housing and service outcomes.

Life skills

- New Image provides life skills training as part of its transitional housing program. A life skills training includes parenting classes, and budgeting assistance.
- Beyond Shelter provides life skills training in conjunction with the Housing First program, focusing on independent living skills.
- Goodwill provides employment assessment and preparation courses through the MSC collaborative, including resume development, interviewing skills development and job training opportunities to model/practice appropriate work habits for employment retention.
- Atlantic Recovery Services provides life skills training as part of their recovery curriculum, focused on sobriety and independent livings skills.
- 1736 Family Crisis Center provides life skills training for youth and victims of domestic violence residing in their transitional housing programs.
- United States Veterans Initiative provides life skills training for veterans residing at the Villages at Cabrillo in the transitional housing program.
- Additional life skills training is offered through the following agencies:
(1) Baby Step Inn - Parenting classes; (2) Women to Women - Parenting classes; (3) Lutheran

Social Services - Budgeting assistance; (4) DHHS Case Managers - Budgeting; and (5) MHA - Budgeting.

Alcohol and drug abuse treatment

- Substance Abuse Foundation (located at the MSC and scattered sites throughout the City) provides case management and other social services in conjunction with their transitional housing for substance abusers and dually diagnosed. Detoxification services are provided through collaborative agreements with Tarzana Treatment Center and Redgate Memorial Recovery Center.
- The Veteran Affairs Healthcare System (VAHS) provides medical detox programming to homeless veterans through their K-2 program at the Villages at Cabrillo.
- The VAHS and the United States Veteran's Initiative have partnered to run a 90-day medical rehabilitation program. After detox and the 90-day treatment program, veterans can move into the Villages at Cabrillo two-year transitional sober living program.
- 1736 Family Crisis Center operates the only transitional housing program for unaccompanied youth. One component of this program is a non-medical drug treatment program for youth with drug addictions. This program assists youth in overcoming barriers to stability, self-sufficiency and securing permanent housing.
- Tarzana Treatment Center has expanded to include rehabilitation services in conjunction with a 12-bed transitional housing recovery program for male and female youth, promoting sober living lifestyles.
- Atlantic Recovery Services provides alcohol and drug treatment services for adults and youth in conjunction with housing for substance abusers and dually diagnosed. They also operate outpatient services for substance abusers. Detox services are coordinated through collaborative agreements with facilities throughout Los Angeles County.
- The DHHS provides outpatient programs for those affected by drug and alcohol abuse. Services include: (1) Alcohol Community Prevention and Recovery Program, which provides alcohol related counseling services in both English and Spanish to prevent and reduce alcohol problems among individuals and families; (2) Outpatient Drug Free Program, which provides outpatient treatment services to drug abusers and their families; and (3) Drug Diversion Program.
- Women to Women offers residential substance abuse treatment to women, including those with children.
- Southern California Drug and Alcohol Program provides residential substance abuse treatment to women, including those with children. It also provides a court-referred transitional program for single men in recovery.
- Men's 12-Step Program offers residential substance abuse treatment to single men.
- South Bay Drug and Alcohol and Salvation Army offers residential substance abuse treatment to single men and women.
- Additional substance abuse treatment services are offered by agencies serving other targeted populations, regardless of housing status.

Mental health treatment

- MHA operates the Homeless Assistance Project, a drop-in day center and outreach programs for seriously mentally ill, dually diagnosed and multi-diagnosed homeless individuals. Additionally, MHA operates AB34 a program funded through state legislation to demonstrate a comprehensive system of care for severely mentally ill individuals who are homeless, recently released from jail, at serious risk of incarceration, or at risk for becoming homeless. MHA has also started a program for emancipated youth diagnosed with mental health issues and exiting the foster care system.
- The Los Angeles County Department of Mental Health (DMH) partners with MHA to provide assistance to the mentally ill. The DMH primarily provides outpatient services based on a psychosocial rehabilitation model. DMH is one of the affiliate partners that offer services at the MSC.

- The Long Beach Veterans Affairs Healthcare System (VAHS) provides both inpatient and outpatient care to homeless mentally ill, dually diagnosed and multi-diagnosed homeless veterans in Long Beach.
- The City of Long Beach currently operates four Mental Health Evaluation Team (M.E.T.) programs, in which a mental health worker teams up with a police unit and responds to calls involving a mentally ill person. This service assists clients by providing appropriate medical care and treatment versus jail time and release back onto the streets.
- The County of Los Angeles operates La Casa Urgent Care Center, which provides 8 beds for emergency services for mentally ill clients in need of crisis management and treatment.

HIV/AIDS Related Treatment

- DHHS has an Early Intervention Program, which provides HIV testing, prevention, education, treatment advocacy, case management and medical services.
- St. Mary Medical Center is an outpatient medical, dental and social service agency. The C.A.R.E. (Comprehensive AIDS Resources and Education) Program provides comprehensive services for people living with HIV/AIDS.
- Long Beach Comprehensive Clinic has an HIV/AIDS component, referred to as the Tom Kay Clinic, which provides medical and psychosocial case management services. This clinic is coordinated with the County of Los Angeles, Harbor UCLA Medical Center located in Torrance.
- Wells House Hospice Foundation provides hospice care for terminally ill homeless people, including HIV/AIDS patients.

Education

- New Image and 1736 Family Crisis Center youth services staff facilitate referrals for youth to complete General Education Diploma (GED) requirements.
- U.S. Veterans Initiative works with Long Beach Community College at the Villages of Cabrillo to provide general education courses, GED preparation classes and Associates Degrees, for all homeless clients.

Employment Assistance

- The City of Long Beach Career Transition Center (CTC) offers job training and employment search assistance through local service providers.
- The City of Long Beach Job Corps facility provides an opportunity for homeless and low-income youth to participate in a long-term job training and housing program to prepare them for self-sufficiency.
- Goodwill Industries-Good Source provides training, placement and contracting with various local businesses for jobs for the homeless. Goodwill is co-located at the MSC.
- The Villages at Cabrillo works in conjunction with Long Beach City College to offer job training and computer training. The Villages at Cabrillo programs are open to all residents at the Villages, MSC clients and the general Long Beach population. The Villages at Cabrillo offers programs through CalWorks and General Relief, which is a collaborative effort with Department of Public Social Services.
- The CTC is housing a part-time job developer at the Villages of Cabrillo. The staff members ensure clients are knowledgeable about services offered at the job-training center and can easily sign up for needed services.
- ARS added job readiness for its residents in the transitional and permanent housing projects.

Child care

- A Child Today's "The Play House" provides 22 licensed day care (infant through kindergarten) slots at the MSC. This program provides parents with a safe place for their children to remain during

operating hours, allowing parents to make basic arrangements for housing, keep appointments to establish and maintain public benefits, and attend job interviews and other essential activities. This program provides flexible hours, enrollment and programming to suit the special needs of homeless families. The capacity of this program will be expanding from 22 to 32 spaces in Fall, 2004, pending licensing approval.

- Comprehensive Child Development provides a licensed day care center at the Villages at Cabrillo for 80 homeless children. This program provides infant through kindergarten slots for families at the Villages at Cabrillo and MSC clients transitioning from the streets into emergency and transitional housing programs.
- The Long Beach Unified School District (LBUSD) operates nine subsidized Child Development Centers throughout Long Beach for low income and homeless children. LBUSD also provides Head Start programs to all children, including homeless children in need of assistance before they enter school.

Transportation

- The MSC's van shuttle service assists clients with door-to-door shuttle service to facilitate medical appointments, job interviews, and housing placement. It also transports homeless persons to access services at the MSC or other local social service agencies.
- Long Beach Transit provides bus service into the Villages at Cabrillo to allow for easy access for residents and students at the facility.
- The Villages at Cabrillo provides van shuttle service for residents to assist them in accessing services at the MSC, the VAHS and other community resources.
- The Metropolitan Transportation Authority (MTA) operates a light rail system throughout Los Angeles County including Long Beach.
- Homeless persons can obtain bus tokens from a variety of social service agencies that receive transportation funding through the City's Social Services Grant Program, FAME, and the County Emergency Food and Shelter Program.
- Social service providers offer free taxi vouchers, bus tokens and bus passes.

Other – Medical care

- The Long Beach Memorial Miller Children's Clinic, the Children's Dental Clinic and the DHHS provide low cost and free medical and dental services for homeless children.
- The DHHS provides public health services at low or no cost for all Long Beach residents, including the homeless. The following medical programs are available at the DHHS: Well Children Clinics, Immunization Programs, Tuberculosis Clinic, HIV/AIDS testing and treatment, sexually transmitted disease testing and treatment, prenatal care, family planning services, and communicable disease control.
- Public Health Nursing provides on-site screening, education and basic treatment services at the MSC for adults and children. MSC clients who need more intensive medical care are prescreened on-site at the MSC then referrals are facilitated to the appropriate local medical facilities.
- Through a grant from Homeless Healthcare, The Children's Clinic provides pediatric care for homeless children and their families two days a week at the MSC.
- MHA provides triage-nursing assessments for homeless mentally ill clients at the day drop in center. When appropriate, the nurse facilitates referrals for additional medical services.
- Long Beach Comprehensive Center provides County-funded medical care for indigent clients.
- Westside Neighborhood Clinic provides primary health care to homeless persons.
- Case managers from all MSC collaborative agencies work with families to complete the necessary paperwork to receive state and federal medical benefits assistance.

Supportive Services Planned:

Case Management

- The DHHS case managers will initiate a Targeted Case Management (TCM) project through MediCal to assist families in maintaining housing stability by incorporating home visitation and long-term case management for families who have moved into permanent housing or for clients residing in shelters.

Life Skills

- Goodwill – Goodsource will be adding an employment component to the existing life skills classes offered at the MSC starting Fall, 2004.

Alcohol and Drug Abuse Treatment

- Atlantic Recovery will provide additional alcohol and drug abuse treatment to residents of their upcoming transitional and permanent housing projects.
- At the MSC, Substance Abuse Foundation counselors will streamline its case management specifically for homeless persons with drug and alcohol addictions. Clients will be routed through a direct referral system into either a social model recovery program or medical model detox program.

Mental Health Treatment

- The VAHS will assist in providing expanded services at the Villages at Cabrillo to veterans with mental illness. This program will provide intensive supportive services, mental health counseling and substance abuse treatment.
- The Los Angeles County DMH will provide a psychiatric technician at the MSC two days a week to assist clients with mental health care.

HIV/AIDS-Related Treatment

No additions planned at this time.

Education

No additions planned at this time.

Employment Assistance

- Goodwill Industries will be implementing a 6-month to 1 year paid internship project for disabled and homeless clients to facilitate homeless clients reentry to the workforce.

Child Care

- Work with Housing Services Bureau and the Redevelopment Agency to include low/no cost childcare slots in each new affordable housing development to ensure homeless families that transition back into permanent housing have access for affordable childcare.

Transportation -No additions planned at this time.

Other – Medical care

- The MSC Medical Committee will be working with local hospitals to arrange for on-site medical services, which may include satellite placements or medical rotations at the MSC.
- The Miller's Children's Clinic is working with Health Care for the Homeless to expand services to adult members of families and single adults not accompanied by a child.
- The Miller Dental clinic is working on accessing additional funding to provide dental care for adults and children at the MSC through its mobile dental van.

How Homeless Persons Access/Receive Supportive Service Assistance:

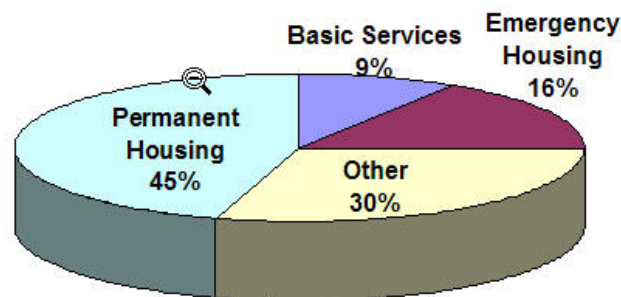
Homeless persons can access/receive supportive services through all the following ways:

- The Pocket Guide Resource Directory lists various social service agencies that provide supportive services to homeless individuals and families and is distributed by City Council offices, Downtown Guides, local schools, CAN, Homeless Coalition members, area churches, police officers, outreach workers, neighborhood and business associations, libraries, local non-profits, Parks and Recreation and the DHHS.
- The MSC provides free van service to transport clients from other local area agencies and designated pick-up and drop-off points throughout the City to the MSC to access supportive services at the MSC.
- The Homeless Services Coordinator provides individuals and families with information regarding supportive services available through various social service agencies in the City.
- Individuals and families can access the programs through City Source, an information and referral service operated from by the City and located at the Long Beach City Hall.
- InfoLine provides housing and supportive services referrals for Long Beach residents through a toll free number seven days a week, twenty-four hours a day.
- Homeless individuals may also enter the system through the DHHS's Mobile Clinic or as a walk-in client to any non-profit agency.
- Clients access a menu of supportive services at the MSC once they engage in an overall case plan.
- Clients access medical services through emergency rooms and County facilities (i.e., Long Beach Comprehensive Health Center), local clinics or through the MSC medical services.
- Case managers assist clients in registering for available mainstream resources (i.e., Medi-Cal, Medicare, TANF, GR, SSI/SSA, Calworks, Grow, etc.).
- Clients receive childcare services through MSC and Villages at Cabrillo, as well as, other community resources, such as TANF; CalWORKS, City subsidized programs, or the Long Beach Unified School District.
- All outreach workers canvass the city working closely with Long Beach Police Department and Downtown Guides to identify homeless encampments and target outreach efforts in these areas. When a homeless family or individual expresses interest in accessing services, transportation is arranged through the MSC or agency transportation allocations, such as: public transportation, tokens, taxi vouchers, or van transport.
- Clients can access information about services through the web or at all city library branches there are internet ready computers free of charge for Long Beach residents.

4. Homeless Strategy

As the Long Beach Continuum of Care for homeless services moves toward a stronger emphasis on the Housing First philosophy, primary focus lies with diversifying affordable housing options for homeless and low-income residents of Long Beach. Homeless families with children are a particular emphasis, given that in Table III-10, this population is underserved. Single adults and adults in families who present to the Multi-Service Center for resources are given an optional “Choice Survey” to rank housing and supportive services provided within the Long Beach Continuum of Care. The following chart delineates the responses of 1,040 clients of the MSC during the period of May 2004 to May 2005. This survey is available to clients upon initial intake and is optional.

#1 priority need for clients



Other: Childcare (3%), DVShelter (5%), Educational/Vocational Training (2%), Employment(4%), General Case Management (1%), Healthcare (1%), Housing Placement Services (> 1%), Legal Assistance (1%), Life Skills (1%), Mental Health Counseling/Treatment (1%), Other (1%), Permanent Supportive Housing (1%), Reunification with Family Members (< 1%), Substance Abuse Counseling/Treatment (4%), Transitional Housing (3%), Transportation (2%)

The Multi-Service Center (MSC) serves as the point of entry for all homeless services within the City of Long Beach. The MSC hosts 14 nonprofit agencies and is operated by the Department of Health and Human Service, Human and Social Services Bureau. The Continuum of Care range of homeless services can be accessed through this center. Street outreach workers provide the conduit between streets and services for the chronically homeless street homeless population. Case managers are available to address general and specific subpopulation issues, including specific services for youth, HIV/AIDS, mental health, drug and alcohol, veteran, domestic violence client subpopulations. Other services available through the MSC include childcare, medical care for adults and children, employment training and placement, lifeskills, permanent housing placement and in home case management up to six months after placement into permanent housing.

Homeless prevention activities are available for Long Beach residents facing an eviction due to nonpayment of rent. Emergency Shelter Grant funds are employed for both eviction prevention and move in assistance to ensure housing stability for some of the most vulnerable populations residing at or below the poverty threshold. The Continuum of Care also has placed emphasis on housing coordination to promote the housing first philosophy established by MSC partner, Beyond Shelter. The housing coordinators role is to cultivate relationships with property owners citywide, to encourage notification regarding vacancies, accepting MSC clientele referrals based on references forwarded by the clients case manager. This methodology has been successful in improving permanent housing placement for MSC clients and the chronically homeless encountered via street outreach efforts.

The City of Long Beach continues to emphasize the need for additional resources to promote access to affordable housing for low income and/or homeless residents citywide. The Housing Action Plan has designated \$300,000 in HOME funds for tenant based rental assistance. This resource will significantly augment current efforts to place individuals and families into permanent housing, thus perpetuating the Housing First philosophy.

Strategy for Ending Chronic Homelessness

The City completed an in-depth homeless count and assessment in 2003, which found that 10% of the population is experiencing chronic homelessness. From the information captured through the homeless assessment, the City's CoC has refocused its efforts to address the high number of chronically homeless found in Long Beach. The service providers in our CoC share the vision of ending chronic homelessness in Long Beach. The CoC agencies continue to improve client-centered, culturally competent activities and the "no wrong door" and "no fail" approach. The no wrong door policy will assist clients in entering the system, while simultaneously looking at ways to close the back door. The core philosophy to the no wrong door policy is assessment and addressing the immediate needs of the person, which include food, clothing and shelter. At the core of the service delivery system for chronically homeless is a network of homeless services: service-enriched permanent housing, substance abuse and mental health treatment, primary health care, homeless veteran services and enhanced supportive services. The outreach network provides the critical link between the streets and supportive services. The CoC has developed a comprehensive approach that is coordinated and integrated; yet flexible to address the varying needs of chronically homeless persons. As a result of these efforts, 750 + chronically homeless clients are placed in permanent housing annually. The outreach network was been able to decrease the length of engagement while building on small successes by working with clients where they are and providing basic amenities during street outreach efforts.

To most effectively engage and maintain services for the chronically homeless population, the CoC has developed a low demand, high tolerance, seamless, integrated system of care in Long Beach. Due to the chronically homeless persons' previous negative experiences with systems of care, the Long Beach CoC has improved immediate access to comprehensive services either through the Multi-Service Center, or through the multi-disciplinary outreach network who bring needed resources to clients where they reside. The City's 10-year strategic plan for ending chronic homelessness will promote a design that strengthens coordination of existing services, increases accessibility to housing, and promotes flexibility to address the challenges of adapting services to people with multiple complex issues who have lived on the streets for prolonged periods of time.

Streets, parks, encampments, and alleys are where most of the chronically homeless reside; street outreach programs are the critical link between the chronically homeless and comprehensive services. The CoC, through the MSC agencies, coordinate the multi-disciplinary outreach network (comprised of outreach case managers, public health nurses, mental health advocates and mental health clinicians). This outreach network provides services to clients where they reside, ranging from intake, assessment and treatment planning, to health assessments (physical and mental), minor wound treatment and medical screenings and referrals into mainstream programs and assistance navigating the medical and mental health systems. This approach has been successful in providing services to clients that in the past did not access services due to significant physical and psychological barriers.

To facilitate immediate access to services, transportation from one service provider to another is provided to the homeless clients. The MSC and U.S. Vets both operate daily shuttle services, while other service providers distribute bus tokens and bus passes and assist disabled clients to obtain bus passes and shuttle services through mainstream resources.

Another component of the CoC to address chronic homelessness is the implementation of an integrated system of care database tracking system, or the Homeless Management Information Systems (HMIS). The HMIS will increase access to resources, streamline client information gathering, and eliminate service duplication. The case manager can access information such as service history, information about eligibility for services, what services s/he received, and rely on consistency of information relevant to the client. The information will allow for appropriate referrals, flexible changes in the level of service, and the elimination of duplicate efforts of service providers to assist the client. The HMIS will also supply data on demographics, service delivery, program effectiveness, resource/service gaps, service utilization, and the overall continuum efficiency and effectiveness in achieving positive outcomes. By refocusing service efforts to address the special needs of the chronically homeless, the Continuum will be able to track progress on the number of chronically homeless placed into permanent housing.

While the City has a well-coordinated CoC and progress has been made over the past year toward addressing chronic homelessness, obstacles remain to achieving the goal of eliminating chronic homelessness. Engaging the chronically homeless into the existing system involves increasing specialized outreach, awareness and services to meet the needs of the chronically homeless population. Although the process has begun to look at the development of appropriate affordable supportive housing, the CoC needs to ensure the development of enough units to house the 43% of the Long Beach population that is chronically homeless. In addition, community education needs to be ongoing to sustain the momentum for the development and implementation of the 10-year plan to end chronic homelessness.

The challenge to effectively engage and house the chronically homeless is the CoC's main focus. In terms of services to the chronically homeless, the identification of diverse funding sources and new innovative partnerships is necessary to increase the number of permanent affordable housing units in Long Beach. Although there is progress under development to convert blighted motels into efficiency units to house this population, diverse options for affordable supportive permanent housing will be critical in our efforts to stamp out chronic homelessness. Specifically, there is an identified need for additional detox beds, substance abuse treatment beds and housing for the seriously mentally ill subpopulations. Collaborative efforts with housing providers will focus on the development of these specific resources. Nevertheless, the CoC agencies are working to overcome these obstacles and enhance the entire CoC to better tailor services to the needs of the chronically homeless to produce better outcomes.

Discharge Coordination Policy

The City of Long Beach CoC continues to develop, refine, and implement a comprehensive discharge planning policy citywide. Policy development has been inclusive of community agencies that are specifically prepared to address the needs of the homeless chronically mentally ill, persons with substance abuse problems, and emancipated youth. The Homeless Services Coordinator is the primary point of contact for service provision within the city and oversees the daily operations of outreach workers and case managers from various agencies, including but not limited to the City's Multi-Service Center (MSC) and 14 co-located collaborative agencies. The comprehensive outreach team is proactive in developing relationships with local area providers who come in contact with homeless populations being released from local jails, hospitals, and the foster care system, in order to facilitate planning for housing placement and therefore preventing homelessness for that individual.

The three major health care facilities that provide medical and mental health care for a significant number of homeless persons in the City of Long Beach are St. Mary's Medical Center, Long Beach Memorial Hospital, and the Veteran's Affairs Medical Center. These institutions, and several smaller medical and mental health facilities that also serve the homeless in Long Beach, have been informed of proactive planning options available to prevent an individual from being discharged into homelessness. A referral mechanism has been formalized and provided to the medical/mental health centers located within the Long Beach CoC. The referral protocol from these facilities to the MSC has been reviewed by hospital personnel and agreed upon via a Memorandum of Understanding (MOU), which strives to ensure the continuity of discharge planning, so that homelessness can be addressed prior to discharge. In addition, the outreach network have distributed "Pocket Resource Guides" to emergency rooms, medical social workers, and discharge planners at these facilities to educate them as to the services available in a triage situation. The MSC Coordinator is providing training to facility staff regarding homeless and other services available citywide. Optimally, this relationship has been established so that discharge-planning personnel will link patients to the appropriate level of transitional care prior to seeking services from the local homeless continuum.

The Mental Health Association (MHA), a nonprofit service provider in the City of Long Beach, operates an Assembly Bill 34/2034 (AB-2034) project, which was approved and funded through the California State Legislature. AB-2034 was designed to provide a comprehensive system of care to severely mentally ill individuals, who are homeless, recently released from jail, and at serious risk of recidivistic incarceration or institutionalization. The critical component of the AB-2034 project is the identification and discharge planning coordination between MHA and the Los Angeles County or Long Beach City Jail. This process has allowed MHA's outreach team to go into the jails to identify potential participants and begin the "engagement process."

For example, in the Los Angeles County Jail-Twin Towers facility, where inmates with mental health problems are incarcerated, the process is initiated when the jail's mental health workers identify individuals who meet the AB-2034 criteria of being mentally ill and homeless from the City of Long Beach. MHA staff is then notified of the pending release of an eligible, previously identified inmate and work with the Inmate Reception Center to coordinate the client's release, so MHA staff can pick up the individual and connect them to emergency housing and services. The Long Beach City Jail is a similar outreach location for MHA's team, and jail personnel call the team prior to release of an individual who appears to need mental health services, so that assessment and referrals to supportive services and housing can be achieved.

Moreover, the AB-2034 project also serves “transitional age youth,” who are mentally ill young-adults between 18 and 24, many of whom have “aged out” of the foster care system. In serving these individuals, MHA works with the foster care and Children and Family Service systems. The needs of this population are a growing emphasis in Long Beach, with the Casey Family Programs spearheading the development of coordination systems. These services include wraparound programs where housing, case management, and educational and vocational training are available in order to prevent youth from experiencing barriers to self sufficiency related to homelessness.

In conclusion, the discharge planning and processes of physical/mental health care facilities, foster care/youth facilities, and jails will continue to be refined in the coming years, with the full intent of improving the existing policies and procedures, training facility staff on appropriate discharge planning resources and levels of housing needed to prevent homelessness and recidivism to inpatient care.

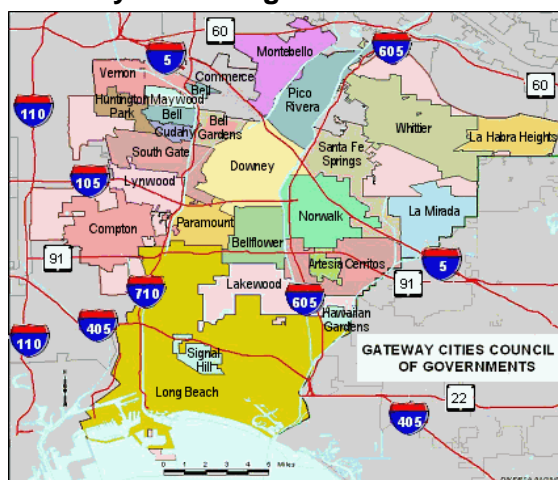
D. HOUSING PROFILE AND NEEDS ASSESSMENT

This section identifies housing characteristics and conditions, lead-based paint hazards, and the affordability of housing in Long Beach. Constraints to affordable housing development are also discussed.

1. Housing Growth

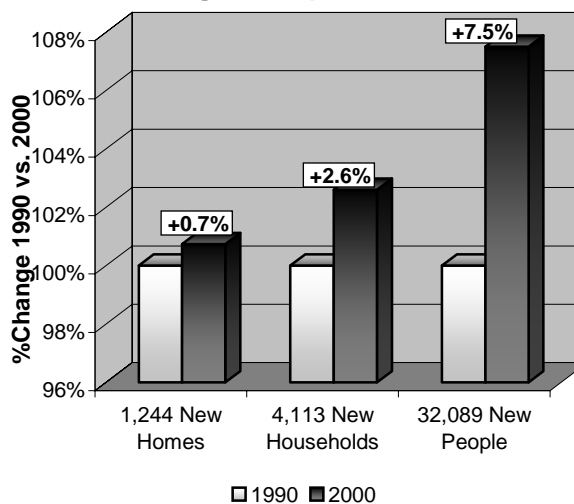
To meet the housing needs of California's growing population, 220,000 new housing units are needed every year. Housing production has fallen well below this level for over a decade, contributing to rising housing prices and rents, higher housing cost burdens, lower homeownership rates, increased crowding and longer commutes. In 2003, 165,000 units were built, representing a 15% increase over the prior year, yet still addressing only 75% of the total need.

Gateway Cities Region



Statewide trends of insufficient housing production are realized both at the subregional and local level. During the 1990's, the Gateway Cities population increased by 153,339 people (8.8%), mostly as a result of natural growth (births rather than in-migration). However, during this same period, only 11,228 new housing units (2%) were added to the housing stock.

Housing vs. Population Growth



Source: U.S. Census 1990 and 2000

During this same period, Long Beach experienced a 7.5% increase in population, a 2.6% increase in households, and less than a 1% increase in the housing stock. This imbalance in population and housing growth translates into lower vacancies, upward pressure on housing prices, and larger household sizes with more people crowded into essentially the same housing stock.

Long Beach currently has over a dozen residential projects underway downtown, consisting of approximately 1,800 rental and condominium units. Even with this increase in supply of predominately luxury units, market strategists anticipate these units to be readily absorbed, and average to above average rent trends to be sustained in Long Beach throughout 2004.⁶

2. Housing Type and Tenure

The California Department of Finance documented a total of 173,460 housing units in Long Beach in 2004. With limited housing development activity over the past 1 ½ decades, the mix of housing has remained relatively constant, comprised predominately of single-family detached homes (40%) and multi-family units (39%), followed by duplexes/ triplexes/ fourplexes (13%), single-family attached units such as townhomes and condominiums (6%), and mobile home units (1%). Nonetheless, housing activity has increased during the current decade, with 1,800 net new housing units constructed since 2000, compared to fewer than 1,300 net new units produced during the entire 1990s.

**Table III-13
Housing Type 1990 - 2004**

Unit Type	1990		2000		2004	
	Units	Percent	Units	Percent	Units	Percent
Single-Family (SF) Detached	68,895	40%	69,014	40%	69,259	40%
SF Attached	8,048	5%	10,093	6%	10,091	6%
<i>Total Single-Family</i>	<i>76,943</i>	<i>45%</i>	<i>79,107</i>	<i>46%</i>	<i>79,350</i>	<i>46%</i>
2 to 4 Units	24,738	15%	23,386	14%	23,285	13%
5 or more units	64,296	38%	66,637	39%	68,296	39%
<i>Total Multi-Family</i>	<i>89,034</i>	<i>53%</i>	<i>90,023</i>	<i>53%</i>	<i>91,581</i>	<i>53%</i>
Mobile Homes & Other*	4,411	2%	2,529	1%	2,529	1%
Total Housing Units	170,388	100%	171,659	100%	173,460	100%

Source: U.S. Census 1990, 2000. Dept of Finance 2004 Population and Housing Estimates.

*Note: In 1990, a variety of "other" housing types were grouped under this category. In the subsequent 2000 Census and Department of Finance estimates, these "other" units have been combined with multi-family units (5+ units).

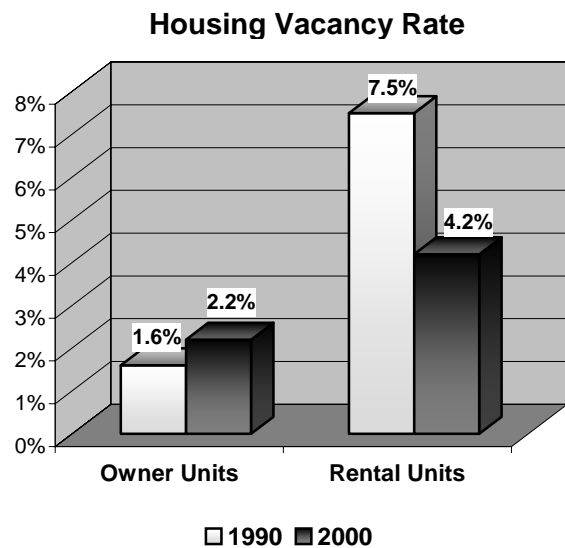
⁶ Los Angeles County, California Apartment Market Outlook, September 2003.

Contrary to public perception, owner-occupancy rates in the City have also remained stable over the past two decades. During 1980, 1990 and 2000, the Census documents that 41% of Long Beach households were homeowners, with 59% renters. However, while the City has maintained a consistent level of homeownership, the homeownership rate is still relatively low in comparison to both the County (48%) and the State (57%), and is particularly low among African-American and Hispanic residents. The 2000 Census documents the following homeownership rates by race/ethnicity in Long Beach: 25% for African-Americans, 32% for Hispanics, 41% for Asians, and 60% for Whites. The dramatic escalation in housing prices since 2000 will further exacerbate the problem of limited home purchase opportunities for minority households.

3. Vacancy Rates

Residential vacancy rates are a good indicator of how well the current supply of housing is meeting the demand for various types of units. The Southern California Association of Governments (SCAG) has identified “optimal” vacancy rates of 5% for rental housing and 2% for ownership housing.

The chart to the right depicts rental and ownership vacancy rates in Long Beach in both 1990 and 2000. In 1990, rental vacancies were at 7.5%, indicating an adequate supply of rentals to allow mobility. However, with only limited increases in rental housing and continued population pressures, rental vacancies had dropped to 4.2% by 2000. According to California Apartment Market Outlook, rental vacancies had fallen to 3.7% in the South Bay (which includes Long Beach) in early 2003, and are projected to drop to the low- to mid- 3% range by the end of 2004.⁷ Los Angeles County apartment vacancy rate forecasts for 2005 are 3%, a slight drop from the 3.1% Countywide rate in 2004.⁸ These less than Optimal vacancy rates can lead to increased competition for rental units, placing upward pressure on rents and potentially leading to households spending more than they can afford. Low vacancy rates can also contribute to overcrowding, as households “double-up” to afford scarce units.



Source: U.S. Census 1990 and 2000

⁷ Los Angeles County, California Apartment Market Outlook, September 2003.

⁸ Marcus & Millichap Research Services, REIS Inc.

Less dramatic changes were evidenced in the vacancy rates for ownership units. While the 1990 ownership vacancy rate of 1.6% was slightly below optimum, vacancies had increased to a healthy 2.2% by 2000. With the continued escalation in the real estate market prices since 2000 and limited increases in supply, it is likely homeowner vacancies are also declining.

4. Housing Age and Condition

The age of a community's housing stock can be an indicator of overall housing conditions. Typically, housing over 30 years in age is likely to have rehabilitation needs that may include new plumbing, roof repairs, foundation work and other repairs. If not well maintained, housing over 50 years in age may require total building replacement.

Table III-14 summarizes the age distribution of Long Beach's occupied housing stock by owner/renter tenure. Among owner-occupied housing, over 80% of units were constructed prior to 1970, largely a reflection of the community's numerous Post World War II subdivisions. While a lesser proportion of renter housing is greater than 30 years in age (68%), this housing is typically of lesser quality construction and suffers more wear-and-tear from tenants than owner-occupied housing. The prevalence of housing built prior to 1978 is also of concern because of lead-based paint hazards, discussed in greater detail later in this section. The advanced age of the majority of Long Beach's housing stock indicates the significant need for continued code enforcement, property maintenance and housing rehabilitation programs to stem housing deterioration.

**Table III-14
Age of Housing Stock**

Year Structure Built	Renter Occupied Housing	Percent Renter	Owner Occupied Housing	Percent Owner	Total Percent
1990-2000	4,201	4%	2,536	4%	4%
1980-1989	10,440	11%	4,127	6%	9%
1970-1979	15,772	17%	5,776	9%	13%
1960-1969	18,434	19%	6,956	10%	16%
1950-1959	17,794	19%	20,094	30%	23%
1940-1949	12,879	13%	15,010	22%	17%
1939 or earlier	16,666	17%	12,472	19%	18%
Total	96,136	100%	66,971	100%	100%

Source: U.S. Census 2000.

While a City-wide survey of housing stock conditions is not available, information from the City's Code Enforcement program provides a good indicator of the extent of housing deterioration. As presented in Table III-15, as of February 2005, the City had approximately 2,200 active code enforcement cases. Over 60% of these were for property maintenance issues such as deteriorated paint or roof covering, broken windows, overgrown vegetation, or other similar maintenance issues not directly related

to the structural condition of the unit. Another 20% were for unpermitted construction, such as an illegal storage shed. A total of 213 cases, or 10%, were for substandard conditions, a citation related to one or more structural deficiencies relatively limited in scope. In contrast, 201 code enforcement cases (9%) were for substandard buildings, the most severe citation used for extensive structural deficiencies and necessitating building demolition if the infractions are not promptly remedied.

Figure III-6 depicts the location of active code enforcement cases in Long Beach, aggregating the two substandard categories into a single “deteriorated building” category. As this map indicates, concentrations of deteriorated housing are located in the Downtown and in Central Long Beach, and to a lesser degree in North Long Beach.⁹ These areas also correspond with high levels of household overcrowding and a predominance of low and moderate income households.

Table III-15
Active Code Violations

Code Violation	Total		Year Structure Built				
	#	%	1900-1932	1933-1949	1950-1979	1980-Present	Not Available
Property Maintenance	1,351	61%	520	434	340	49	8
Unpermitted Construction	441	20%	171	133	121	12	4
Substandard Conditions	213	10%	99	33	56	23	2
Substandard Building	201	9%	156	21	18	4	2
Total	2,206	100%	946	621	535	88	16

Source: Neighborhood Services Bureau, February 2005.

Evaluation of the City’s substandard conditions and substandard building code violations by year the structure was built provides further insight into the nature of deteriorated housing in Long Beach. The vast majority of substandard buildings (78%) are over 70 years in age (1932 and older), which may render the rehabilitation of many of these severely substandard properties economically infeasible. Approximately half (46%) of structures cited for substandard conditions were in properties 70+ years of age. As properties which fall under this category have more limited structural deficiencies, it will be critical to ensure improvements are made before properties fall into severely deteriorated condition and potentially require demolition.

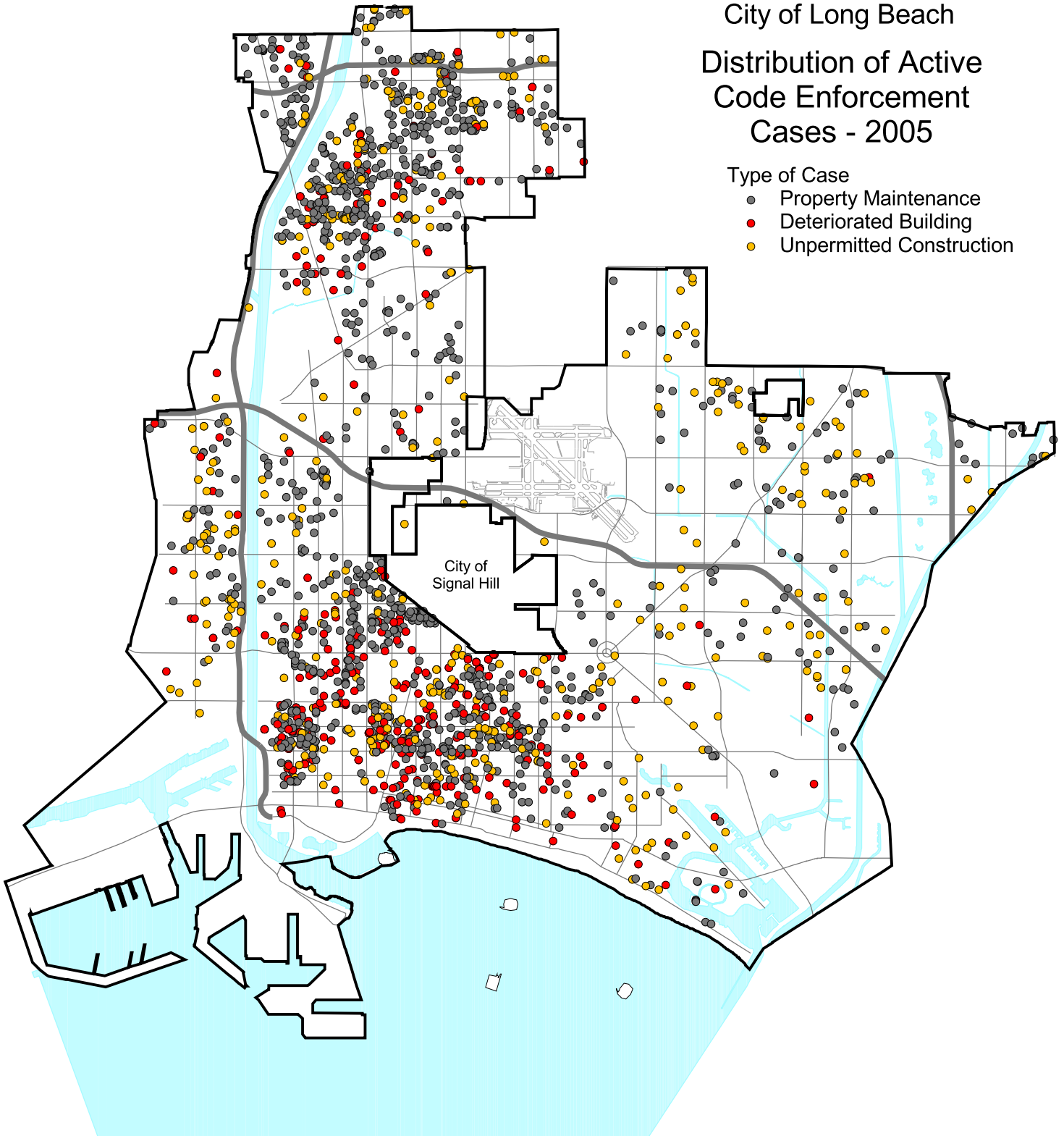
Figure III-7 depicts the location of code violations in Long Beach by year the structure was built. As could be expected, pre-1933 code violations are concentrated in the oldest parts of the City - Downtown and Central Long Beach.

⁹ It should be noted that the City’s Intensified Code Enforcement (ICE) Program conducted within specific target areas may impact the geographic distribution of code enforcement cases.

City of Long Beach Distribution of Active Code Enforcement Cases - 2005

Type of Case

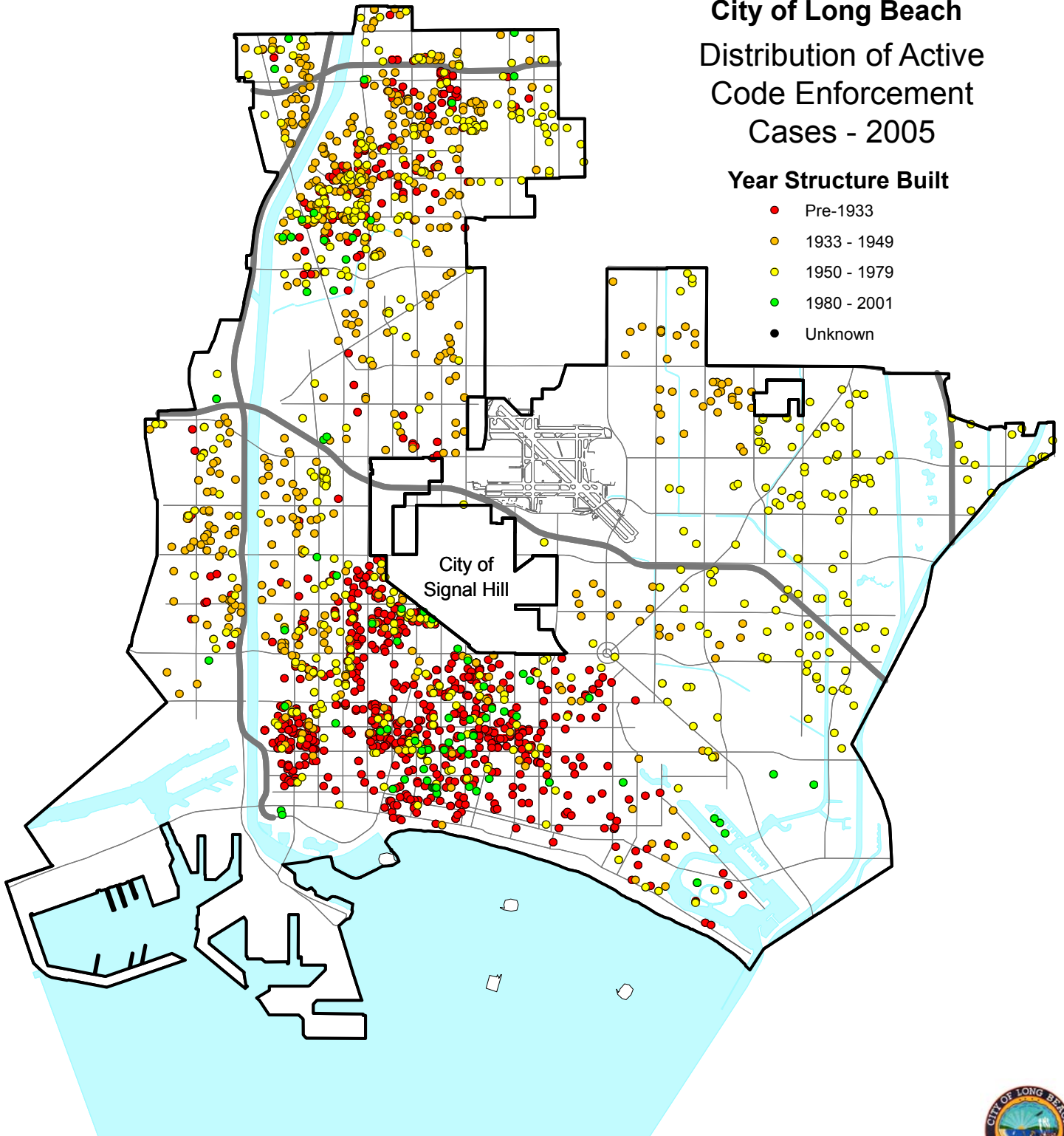
- Property Maintenance
- Deteriorated Building
- Unpermitted Construction



City of Long Beach Distribution of Active Code Enforcement Cases - 2005

Year Structure Built

- Pre-1933
- 1933 - 1949
- 1950 - 1979
- 1980 - 2001
- Unknown



5. Lead-Based Paint Hazards

Childhood lead poisoning is a major, preventable environmental health problem in the United States. Blood lead levels (BLL) as low as 10 µg/dl are associated with harmful effects on children's ability to learn. Very high BLLs (70 µg/dl and above) can cause serious health consequences, including seizures, comma and death. The Centers for Disease Control estimate 890,000 children in the U.S. have BLLs greater than 10 µg/dl.

Lead-based paint (LBP) is typically the primary source of elevated lead levels in the blood and lead poisoning, with 77% of children in Los Angeles County with lead poisoning caused by ingestion of lead-based paint.¹⁰ The data show single and multiple source exposure to LBP hazards are associated with the incidence of lead poisoned children in Los Angeles County as follows: lead-based paint (77% of cases), LBP dust hazards (30% of cases), take home exposure from parent's workplace (25% of cases), and soil contamination (23% of cases). Certain groups have a higher risk factor associated with exposure to lead, including children, pregnant women, and persons working with lead in their jobs.

While the use of lead-based paint for all residential structures was banned in 1978, most older homes and apartments tend to have paint with higher concentrations of lead, more coats or layers of lead-based paint, and larger surface areas covered with lead-based paint. Approximately 16% of young children from low-income families in older housing units had levels of lead in their blood above the level of concern established by the CDC, compared to only 1% for upper-income households.¹¹

According to HUD, approximately 40% of the homes in the United States have lead-based paint in the unit. HUD has established national averages to estimate the amount of lead-based paint in a community. According to these national averages, approximately 90% of housing units built before 1940 have lead-based paint. Units built from 1940 to 1959 have an estimated incidence of 80%, while units built between 1960 and 1979 have an incidence of 62%. Using these national estimates, Table III-16 approximates the number of housing units with lead-based paint in Long Beach, and estimates the number of these units occupied by low and moderate income households.¹² As illustrated in this Table, an estimated 11,329 low/mod owner-occupied units and 35,213 low/mod renter-occupied units in Long Beach may contain lead based paint.

¹⁰ Los Angeles County Department of Health Services Public Health CLPPP, *Lead Safe Los Angeles 2010*

¹¹ U.S. Department of Housing and Urban Development, *Addressing Lead-Based Paint in Local Housing Programs Receiving CPD Funds*, May 2001.

¹² Low and Moderate Income estimates based on following statistics from CHAS Databook, 2000: Long Beach owner households – 24% low/mod occupancy, Long Beach renter households – 58% low/mod occupancy.

Table III-16
Estimated Units in Long Beach with Lead-Based Paint Hazards

Year Built*	Units Occupied by Low/Mod Households	Percent with LBP	Units with LBP
<i>Owner-Occupied</i>			
Before 1940	2,993	90%	2,694
1940-1959	8,425	80%	6,740
1960-1979	3,056	62%	1,895
Total	14,472	--	11,329
<i>Renter-Occupied</i>			
Before 1940	9,666	90%	8,699
1940-1959	17,790	80%	14,232
1960-1979	19,810	62%	12,282
Total	47,266	--	35,213

Source: U.S. Census 2000. CHAS Data Book, 2000.

In assessing the potential lead based paint hazard in these older structures, several factors must be considered. First, not all units with lead-based paint have lead-based paint hazards. Only testing for lead in dust, soil, deteriorated paint, chewable paint surfaces, friction paint surfaces, or impact paint surfaces provides information on hazards. Properties more at-risk than others include:

- Deteriorated units, particularly those with leaky roofs and plumbing; and
- Rehabilitated units where there was not a thorough clean-up with high-phosphate wash after the improvements were completed

The Long Beach Department of Health and Human Services (LBDHHS) administers the City's Lead Hazard Control Program. The LBDHHS Lead Control Program is responsible for:

1. Childhood Lead Poisoning Investigation and Outreach
2. Implementation of HUD Lead Hazard Control Grants
3. Community Complaint Response, Education and Outreach
4. Services to Other City Departments (lead inspection on City property/ equipment, pre-sandblasting LBP screening for private and public structures, inspection/testing for City sandblasting permit process, clearance testing for CDD Home Improvement Rebates, etc)

Cumulative lead surveillance data provided by LBDHHS since 1992 identifies a total of 916 childhood lead poisoning cases (defined as 10 ug/dl lead or greater). Four zip codes lying in the City's downtown and residential west-south-central core account for 69% of these cases, including zip codes 90813 (37.8%), 90806 (14.9%), 90802 (9.8%), and 90804 (6.7%). The City's Westside (west of the LA River) and North Long Beach zip codes, 90810 (5.8%) and 90805 (16.4%) respectively, contain the other two concentrations of cases. These six zip codes, which account for over 90% of the City's childhood lead poisoning cases, have a strong correlation with the City's low and moderate income areas.

Since 1994, LBDHHS has received and administered three HUD Lead Hazard Control Grants totaling \$11 million. These grants have made a total of 1,114 affordable housing units "lead safe." The Department has primarily concentrated its work in a twelve contiguous Census tract target area which contained the highest numbers of childhood lead poisoning cases. This area has been termed a "lead-safe zone" in which significant proportions of pre-1950 housing has been made lead-safe for families with young children.

In October 2004, HUD awarded LBDHHS a fourth, \$3 million lead hazard control grant for making another 400 family-occupied, affordable housing units lead-safe. This project will work closely with the Housing Services Bureau's HOME Rehabilitation Loan Program, and other grant partners to maximize the unit production and minimize costs. The new fourth HUD Lead Grant will allow the City to enlarge the lead safe zone from the twelve highest priority contiguous Census tracts to include all CDBG Census Tracts, which account for approximately 92% of all childhood lead poisoning in the City.

6. Housing Market Analysis

Home Ownership Market

Similar to most communities throughout Southern California, for-sale housing prices in Long Beach have continued their upward trend from the late 1990s. Table III-17 presents median sales prices of existing single-family homes and condominiums by Long Beach zip code (refer to Figure III-7 for a graphic illustration of sales prices). During calendar year 2004, over 3,800 existing single-family homes were sold in the City, commanding a median sales price of \$439,000.¹³ During this same period, nearly 1,400 existing condominiums were sold, for a Citywide median price of \$278,000. Home and condominium prices in most areas of the City reflected a minimum 20-30% price increase from the prior year's sales.

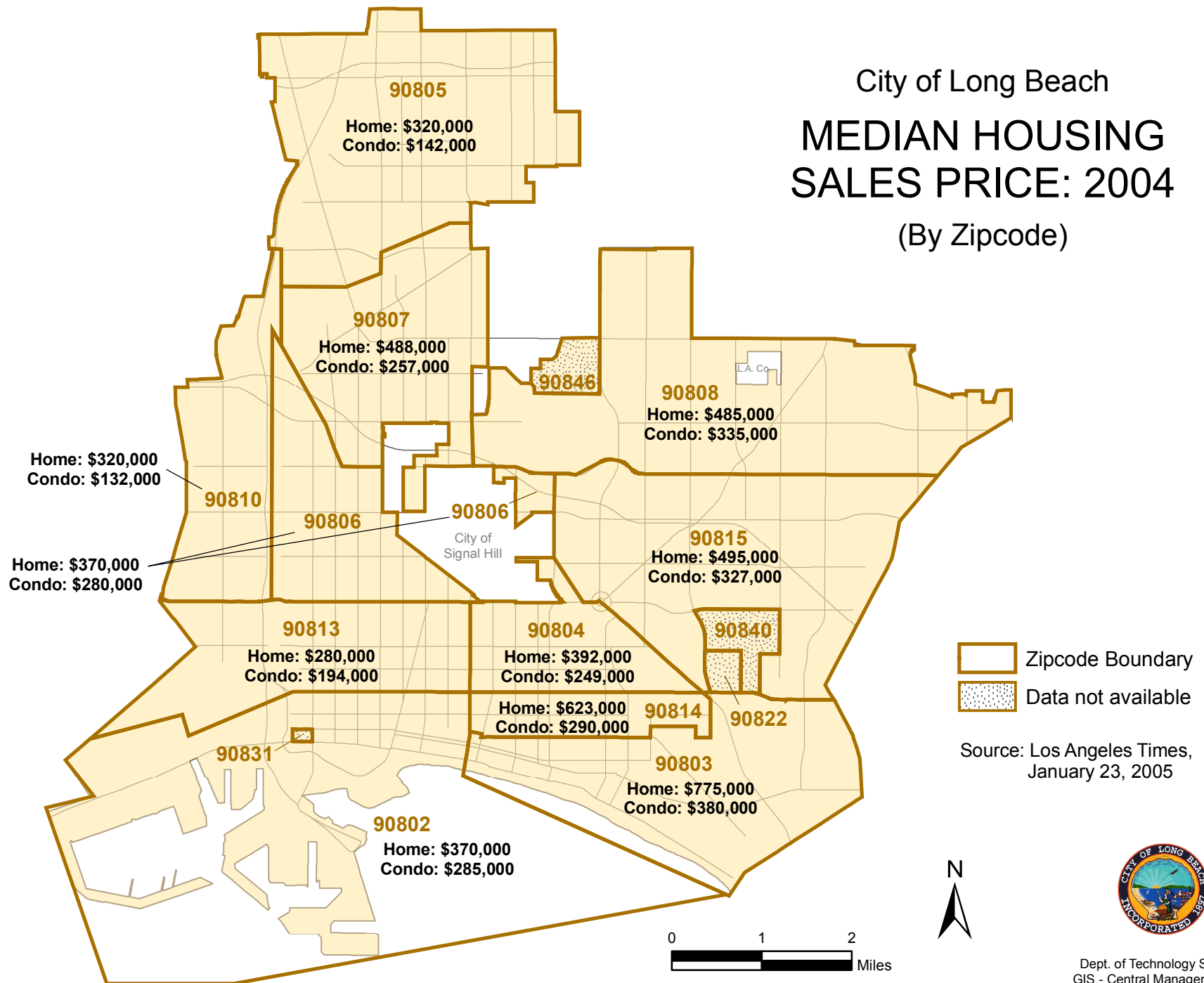
Table III-17
Median Home and Condominium Sales Prices: 2004

Long Beach Zip Code	No. of Homes Sold	Median Home Price	% Change from 2003	Home Price per sq. ft.	No. of Condos Sold	Median Condo Price	% Change from 2003
90802	59	\$370,000	34.5%	\$397	443	\$285,000	39.0%
90803	281	\$775,000	18.7%	\$478	197	\$380,000	37.8%
90804	202	\$392,000	32.9%	\$401	175	\$249,000	21.5%
90805	908	\$320,000	36.2%	\$299	70	\$142,000	33.3%
90806	292	\$370,000	28.8%	\$311	21	\$280,000	20.4%
90807	403	\$488,000	25.3%	\$355	156	\$257,000	35.1%
90808	640	\$485,000	27.6%	\$367	8	\$335,000	27.6%
90810	305	\$320,000	34.5%	\$303	45	\$132,000	55.3%
90813	120	\$280,000	40.7%	\$298	61	\$194,000	23.6%
90814	154	\$623,000	24.5%	\$456	129	\$290,000	20.8%
90815	449	\$495,000	29.6%	\$366	90	\$327,000	47.8%

Source: Los Angeles Times, January 23, 2005

¹³ Los Angeles County Home Sale Activity for 2004, as compiled by DataQuick and printed in 1/05 *LA Times*, using the medians listed for 11 representative Long Beach city zip codes.

City of Long Beach
**MEDIAN HOUSING
 SALES PRICE: 2004**
 (By Zipcode)



Dept. of Technology Services
 GIS - Central Management Unit

Assuming a 5% downpayment, 6% interest and 30-year term, the monthly mortgage payment necessary to purchase the median priced (\$439,000) Long Beach home is \$2,500, or approximately \$3,000 once taxes and insurance are included. A household would need to earn at least \$110,000 per year to support this mortgage, assuming they pay no greater than 33% of household income for housing.

Only 10% of Long Beach households earn the level of income necessary to purchase the median priced home, placing single-family homeownership out of reach for many professionals, including:

- Firefighters
- Police Officers
- Teachers
- Engineers
- Government Employees

Condominiums are a popular housing choice due to their relative affordability compared to single-family homes. As illustrated in Table III-17, over one-quarter of Long Beach's housing sales during 2004 were for condominiums, totaling approximately 1,400 units. With a Citywide median sales price of \$278,000, the necessary income to support the associated mortgage is brought down to approximately \$70,000. Only one-quarter of the City's households earn sufficient income to purchase the median priced condominium in Long Beach. This presents a serious problem for young families seeking to own a home in the City.

The Long Beach Housing Services Bureau offers downpayment assistance of up to \$10,000 to first-time homebuyers earning up to 120% AMI (Area Median Income). However, with housing values rising to record levels and the affordability gap continuing to widen, the necessary subsidy needed by low and moderate income households to purchase a home has increased dramatically. For example, the maximum affordable purchase price for a three person household earning 120% AMI is \$211,300¹⁴, whereas the median priced condominium in Long Beach is \$278,000, an affordability gap of \$66,700. As a result, current market conditions are rendering the City's homeownership assistance program economically infeasible for most income-qualified households. Therefore, Housing Services is currently revising the program to meet market conditions.

According to the California Association of Realtors, while mortgage interest rates have remained near historic lows, this hasn't been enough to offset the affordability problems in most of the state. Housing affordability in California continues to be negatively impacted by increasing home prices and relatively slow growth in household incomes. As a result, California's "housing affordability index" – the percentage of households able to afford the median priced home – fell to 19% in November 2004, a 6% decline from the prior year when the index was at 25%. In Los Angeles County, the November 2004 affordability index is only 17%, down from 23% the prior year.

¹⁴ Keyser Marston Associates, 2004 Affordability Gap Analysis

Rental Housing Market

With approximately 60% of Long Beach's housing comprised of rentals, Long Beach has a very active rental market. The Long Beach Housing Authority maintains a database of rents charged for a cross-section of multi-family and single-family housing as part of its Rent Reasonableness Database.¹⁵ The City's survey emphasizes small complexes that are typical of the apartment/condominium housing most prevalent in Long Beach.

As presented in Table III-18, the Housing Authority database documents average apartment rents ranging from \$636 for a studio to \$1,461 for a four-bedroom unit. Average rents for condominiums, duplexes and single-family homes were generally somewhat more expensive, particularly for the larger unit sizes. A rent study recently conducted for the Community Development Department's Property Management Bureau documents an average 15% increase in rents during the 2003-2004 period in six of the eight zip codes surveyed.

Table III-18
Long Beach Rental Housing Rates – January 2005

Unit Type	Unit Size	No. Units Surveyed	Average Rent
Apartment	Studio	82	\$636
	1 Bedroom	167	\$795
	2 Bedroom	206	\$1,012
	3 Bedroom	71	\$1,314
	4 Bedroom	17	\$1,461
Overall Average Apartment Rent: \$944			
Condo/Townhome	1 Bedroom	26	\$797
	2 Bedroom	61	\$1,114
	3 Bedroom	17	\$1,407
Overall Average Condo/Townhome Rent: \$1,069			
Duplex	1 Bedroom	26	\$768
	2 Bedroom	78	\$1,119
	3 Bedroom	45	\$1,442
Overall Average Duplex Rent: \$1,132			
Single-Family	1 Bedroom	26	\$797
	2 Bedroom	104	\$1,228
	3 Bedroom	111	\$1,508
	4 Bedroom	16	\$1,775
Overall Average Single-Family Rent: \$1,343			

Source: HACLB Rent Reasonableness Database, January 2005

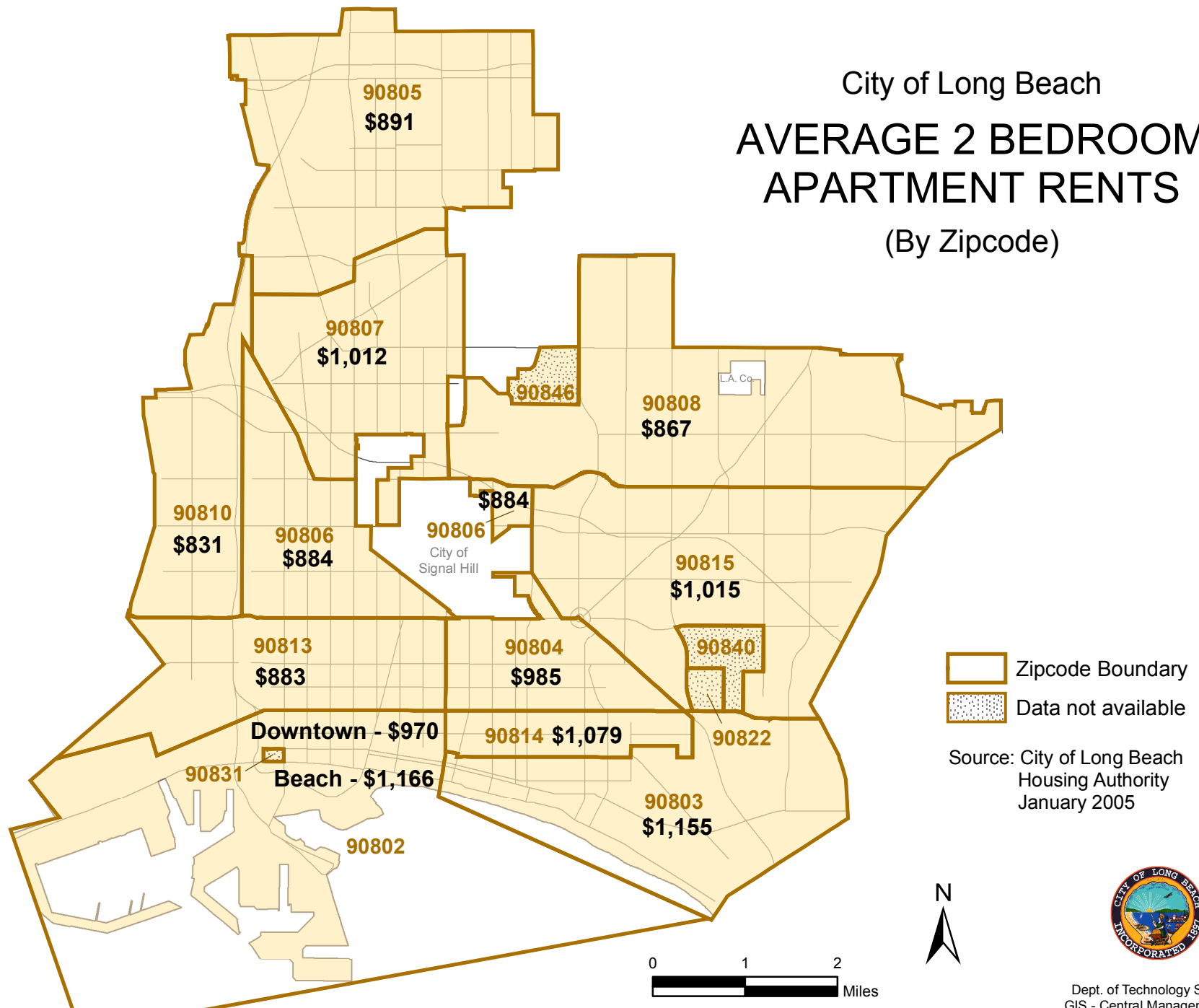
¹⁵ While the Housing Authority database provides a general indicator of market rents in Long Beach, sample selection was not based on statistical methodology.

Figure III-9 presents average two-bedroom apartment rents by zip code as documented by the Housing Authority. The Beach area, Belmont Shore, Belmont Heights, Los Altos, and Bixby Knolls are the most expensive rental markets, all averaging above \$1,000 for a two bedroom, one-bath apartment unit. Rentals in the Circle area south of Signal Hill, and Downtown south of 7th Street averaged in the upper \$900s. The lowest rents are found in Downtown north of 7th Street, in Central Long Beach, the West Side, and North Long Beach.

State and Federal standards for renter affordability are that households should not spend more than 30% of their incomes on rent and utilities. Thus, in order to afford the Long Beach average monthly rent of \$795 for a one-bedroom apartment, plus \$50 in monthly utilities, a household needs to earn at least \$33,800 per year. This level of income well exceeds the 2004 Los Angeles-Long Beach MSA low income threshold for a 1-person household (\$20,850), and is roughly equal to the 1-person moderate income threshold (\$33,300). In other words, the City's average market rents are beyond the level affordable to low income households, and are just within the range of affordability for moderate income households.

Because Long Beach has large numbers of recent immigrants and low paid workers, it is also relevant to evaluate rental affordability for minimum wage workers. At \$6.75 per hour, two minimum wage workers would each need to work approximately 52 hours per week to afford the average \$795 one-bedroom apartment rent. Thus, the minimum wage in California is not sufficient to pay average rents in Long Beach. These market conditions contribute to high levels of renter overpayment and overcrowding, described in detail later in this Chapter.

City of Long Beach
**AVERAGE 2 BEDROOM
 APARTMENT RENTS**
 (By Zipcode)



7. Barriers to Affordable Housing

Market and governmental factors may pose constraints on the provision of adequate and affordable housing. The City of Long Beach Housing Element provides a detailed assessment of constraints and strategies to mitigate constraints identified. The following section discusses the market and governmental factors that generally impact the City.

Market Constraints

Market constraints include land costs, construction costs, and access to financing. The City has little influence over market constraints, but can provide incentives or assistance to overcome the impacts of market constraints.

Development Costs

Due to a variety of factors, land suitable for residential development construction is becoming increasingly scarce. High land costs are probably the most important single factor in making Long Beach one of the least affordable cities for housing in the nation. There is little the City can directly do to influence the market price of land. However, the City does affect the housing supply through the administration of land use policies. Through a Downtown Rebound Planning Grant from the State Department of Housing and Community Development, the City has identified approximately 1,000 acres of vacant land and 1,000 parcels. The location of these sites has been made available to the development community and to City staff via the City's intranet.

Construction costs including contribute a substantial amount to the price of a home. However, construction costs are the same throughout much of the Los Angeles metropolitan area and are unlikely to be a constraint in Long Beach alone.

Availability of Financing Financing the planning and construction of a development is a major component of the cost of housing, making interest rates an important factor in determining the affordability of housing. Additionally, the availability of home purchase financing to low income and minority groups may also affect the supply of and demand for housing. The robust housing market in Long Beach has driven up home prices, placing them out of reach for most low and moderate income families. The City offers numerous homeownership assistance programs to extend affordable ownership opportunities to modest income households. Current homeownership programs include downpayment assistance, interest rate write-downs, acquisition/rehabilitation of foreclosed properties, lease-purchase, mortgage credit certificates, and the American Dream Downpayment Initiative (ADDI), among others, and are described in detail in Chapter V - Strategic Plan. Governmental Constraints Major governmental constraints to affordable housing development include land use policies governed by the Land Use Element of the General Plan and the zoning and development codes, development processing procedures, development and planning fees imposed by the City, and growth management policies. The General Plan Housing Element must address the extent to which government policies serve as constraints to housing development and the City's commitment to eliminating or mitigating these constraints. In their review of the City's Housing Element, the California Department of Housing and Community Development (HCD) found that the City's various governmental regulations do not unduly constrain the production, improvement or maintenance of housing in Long Beach. The following discussions on governmental constraints are summarized from the City of Long Beach Housing Element.

Land Use Controls

The General Plan establishes the distribution and intensity of land allocated for different uses. The Long Beach General Plan provides eight residential land use designations, with density ranges from 7 units per acre in single-family areas, 30 to 44 units per acre in multi-family areas, and over 100 units per acre in the downtown. Table III-19 summarizes the City's residential land use categories, the corresponding zoning districts, permitted densities, and primary residential permitted in each district.

**Table III-19
Residential Land Use Districts**

General Plan Land Use District	Zoning Designation(s)	Primary Residential Type(s)
LUD-1: Single-Family	R-1-S, R-1-M, R-1-N, and R-1-L	Single-family detached homes
LUD-2: Mixed Style Homes	R-2-S, R-2-I, R-2-N, R- 2-A, R-2-L, and RM	Single-family detached and attached homes
LUD-3A Townhomes LUD-3B Moderate Density Residential	R-1-T, R-3-T; R-3-S, R- 3-4, and R-4-R	Duplexes, triplexes, and townhomes, etc.
LUD-4: High Density Residential	R-4-N	Larger apartments and condominiums

LUD-5: Urban High Density	R-4-U	High-density apartments and condominiums in downtown
LUD-6: High-Rise Residential	R-4-H	High-rise apartments and condominiums
LUD-7: Mixed Use Residential District	PDs	Moderate to high-density uses in multi-purpose activity centers
LUD-8R Mixed Retail-Residential Strip	CU/CO/CR	Moderate-density to high-rise uses on main streets

Source: Housing Element, City of Long Beach General Plan, 2001

The identification of adequate residential sites in both the General Plan Land Use and Housing Elements is necessary to encourage production of housing that is suitable and affordable to all economic segments and special needs groups. The Long Beach Housing Element identifies sufficient sites, zoned at the appropriate density and with adequate development standards and public services to accommodate the City's future regional housing needs (RHNA). However, in keeping with the direction of the 2010 Strategic Plan, future residential growth in Long Beach is to be concentrated along transit corridors, in downtown, and in proximity to major employment, transit and activity centers. The City is undertaking a comprehensive update of the Land Use and Mobility (Transportation) Elements of the General Plan to provide consistency with the Strategic Plan vision. The updated General Plan will establish land use policies for a 20-year planning time horizon, including: new a land use map and policies to guide new growth and infill development; maintain existing stable neighborhoods and business districts; and improve focused areas of change in the City, based upon community input.

Site Requirements

In general, maximum height and lot coverage standards determine the number of units that can be constructed on a given lot. The maximum building height ranges from 2 stories in the low-density R-1 zone to 5 stories in the R-4-U zone. The R-4-H zone offers a height incentive up to 24 stories if the minimum lot width and height standards are met. However, most of the R-4 areas, zoned either "R-4-R" or "R-4-N" have a maximum building height of 28 feet (2 stories) or 38 feet (3 stories).

The maximum lot coverage varies from "none" in eleven residential zones to 65% in the RM mobile home zone. The multi-family R-3 and R-4 zones are not subject to a maximum lot coverage requirement, with the exception of the R-4-H zone which has a 50% lot coverage due to the high rise nature of this district.

In some cities, relatively strict standards in effect disallow the maximum allowable densities from being achieved. This is not the case in Long Beach where the maximum densities permitted under zoning can be realized.

Incentives for Affordable Housing.

The City has adopted several ordinances to facilitate the development and conservation of affordable housing,

- **Density Incentives** – Long Beach has adopted a system of density bonus incentives. The City offers three progressive levels of density bonus: 1) 25% bonus for lower-income housing; 2) 100% bonus for housing for senior citizens and the disabled; and 3) 200% bonus for housing for low-income senior citizens and the disabled. The 25% bonus is available to any qualified mixed-income housing development if either (1) 20% of units are for very low- and low-income households, 2) 10% of units for very low-income households, or 3) 50% of units for income-eligible seniors.
- **Relaxed Standards** – In conjunction with the density bonus ordinance, certain development standards may be relaxed if increased density cannot physically be accommodated on the site. This provision follows a priority order specified in the Zoning Code and the applicant must show that the density bonus cannot be accomplished with each sequential waiver before the next waiver is allowed. The priority order is: 1) compact parking; 2) tandem parking design; 3) privacy standards; 4) private open space; 5) common open space; 6) height; 7) distance between buildings; 8) side and rear yard setbacks; 9) parking spaces; and 10) front setbacks. Additional financial incentives may be granted to make the project feasible.
- **Fee Reductions** - The City waives park and transportation impact fees for new low-income units.

Development Processing

The City can affect the ongoing maintenance and improvement of housing by reducing the time and uncertainty involved in gaining approvals for various development permits. The State Permit Streamlining Act requires communities to establish “one-stop” development processing, to limit processing times in most cases to one year, and to specify the information needed to complete an acceptable application.

Two major factors have contributed to the efficiency of the City’s development processing procedures: 1) institution and continual upgrading of a computer tracking system for all projects, and 2) employment of plan check consultants who are called upon when the system shows a project to be falling behind the time line objectives. Further strides in prompt processing have been realized with the creation of the Development Services Center, established to implement the Permit Streamlining Act.

The Development Services Center is the one-stop processing counter for building permit-related activities in Long Beach, concentrating functions as diverse as business licensing, planning and building together. Applicants can also apply online via Web access. To further encourage timely processing of building and planning permits, several new innovative programs have been instituted at the Development Services Center: Q-Matic, File Net and RVI. Q-Matic is a streamlined queuing system that routes applicants through the permitting process while providing real-time waiting times to staff in order to better allocate staff resources. File Net is an online resource to find and view building permits. RVI is an online system designed to schedule building inspections and to check on the status of plans.

Development Fees

The City collects fees from developments to cover the costs of processing permits and providing the necessary services and infrastructure related to new development. In 1978, the City Council decided that planning and building fees should reflect the full cost of processing. Thus, fees charged for services currently support the entire permit processing function of the Planning and Building Department.

The City assesses various developer fees to finance the costs of providing additional public infrastructure and facilities for new residential development. They include the School Impact Fee, Sewer Capacity Fee, Park and Recreation Facilities Impact Fee, and Transportation Improvement Fee.

To ensure that such fees do not discourage the construction of affordable housing, units built for low income households are exempt from the Parks and Recreation, and Transportation Improvement fees.

Other Barriers

Efforts to remove barriers to fair housing focus on the categories protected by law: race, color, religion, gender, national origin, familial status and physical and mental disabilities. However, certain other categories experience discrimination which while illegal, are far harder to effectively enforce. Examples include sexual orientation, economic status (as for example holders of Section 8 vouchers), language limitations and persons with social disadvantages such as individuals recently released from institutions (who lack traditional tenant qualifications such as credit histories, etc.).

E. PUBLIC AND ASSISTED HOUSING

Public and assisted housing address a critical need for affordable housing in the community. This section provides an overview of public and assisted housing projects in Long Beach, as well as tenant-based Section 8 rental assistance.

1. Public Housing

The Housing Authority of the County of Los Angeles (HACoLA) owns and operates the only public housing project in Long Beach - the Carmelitos Housing Development located in North Long Beach. The family section of Carmelitos, built in 1939, includes 588 one-to-four bedroom townhouse units, with individual fenced yards for privacy. The senior facility, built in 1984, provides 155 one-bedroom apartment units.

HACoLA receives modernization funds annually from HUD to maintain its public housing stock. The Carmelitos housing development has undergone several improvements in recent years, including a complete facelift involving new building exteriors, replacement of several parking areas, new roofs, and remodeled kitchens and bathrooms. Planned improvements over the coming five years include replacement of gas lines, parking lot replacement, and new flooring in the common areas of the senior building.

The Resident Council in place at Carmelitos meets with HACoLA staff regularly. The residents, through the Council, are encouraged to take part in determining the needs of their neighborhood by completing various surveys and attending meetings with HACoLA's Resident Initiatives staff.

An on-site Service Learning Program provides residents a range of learning opportunities. For example, California State University, Long Beach (CSULB) is sponsoring the "Carmelitos Initiative", designed to meet academic goals and to address critical community needs through combined resources and collaborative actions. The initiative seeks to address needs relating to children and families in the North Long Beach area with a particular focus on family literacy, workforce development, and family and senior life issues. These needs will be addressed through outreach activities that use the involvement of service-learning students and faculty from CSULB, Long Beach City College, and California State University Dominguez Hills. One program under this initiative is the BLAST OFF Volunteer Program, where college students earn service-learning hours by providing literacy and homework assistance to youth residing at Carmelitos.

The Carmelitos Community Garden represents another community partnership to improve the quality of life for public housing residents. The Los Angeles Community Development Commission worked with UC Cooperative Extension to transform an adjacent six-acre area into a community garden and professional-scale nursery and training program called The Growing Experience.

2. Assisted Rental Housing

As illustrated in Table III-20, Long Beach has an extensive inventory of publicly assisted rental housing, including 1,621 HUD-assisted units and 1,220 City-assisted units, with an additional 743 units in the Carmelitos housing development. The City's affordable housing inventory includes projects assisted under federal, state, and local programs, including HUD, state/local bond programs, and Long Beach redevelopment programs. Assisted rental projects include both new construction, as well as rehabilitation projects with affordability covenants.

Projects receiving City assistance, primarily through HOME and Redevelopment Set-Aside funds, carry long-term affordability covenants of 30-55 years. Unfortunately, many of the City's HUD assisted projects have much shorter affordability controls, and may be at risk of conversion to market rate due to: 1) the prepayment of the HUD-insured mortgage, and/or 2) the expiration of project-based Section 8 contracts. The following analyzes these projects's risk of conversion.

Prepayment of HUD Loans

The fifteen federally-assisted housing projects in Long Beach comprise three different types of HUD-insured mortgages: Section 236, Section 221, and Section 202, each with differing prepayment options.

Section 236 loans carry a 40 year low income use restriction, with the option to prepay the outstanding mortgage and opt out of the low income use restrictions after 20 years. Until recently, prepayment of the Section 236 loan had been regulated by the Low Income Housing Preservation and Resident Homeownership Act (LIHPRA). LIHPRA offers various incentives for the project owner to maintain the existing mortgage, or sell the property under a voluntary sale program with the first right of purchase offered to tenants and non-profit organizations. However, in light of federal budgetary constraints, the incentives offered to prepayment eligible projects are now more limited and owners are provided more flexibility to sell their projects than previously provided under LIHPRA. HUD now considers all Section 236 projects to be at-risk of converting to market rate housing.

Two of Long Beach's Section 236 projects (Springdale Apartments and Plymouth West) have recently prepaid their mortgages. While HUD provides the Housing Authority of the City of Long Beach (HACLB) with Section 8 vouchers for the tenants, as tenants leave and take their vouchers with them, they can be replaced with market rate tenants. However, Plymouth West was sold to a non-profit and was awarded \$7 million in State mortgage revenue bond funding in 2003 to maintain affordability on a portion of the units. None of the City's remaining three Section 236 projects is eligible to convert within the five year Consolidated Plan time frame.

Section 221 loans include those with below market rate interest (221(d)(3)) and those with market interest (221(d)(4)). Projects financed under Section 221(d)(3) carry a 40 year low income use restriction which is considered fairly secure. However, the Section 8 contracts on these projects are subject to renewal and may be at risk if Section 8 funds are reduced by HUD or no longer available. Section 221(d)(4) projects have no low income use restrictions tied to their mortgage, but receive project-based Section 8 contracts, which similarly may be considered at-risk. Two Section 221 projects in Long Beach are at risk of conversion: Del Amo Gardens and Pacific Coast Villa.

The HUD Multi-Family Office has informed HACLB that Pacific Coast Villa was recently sold. The new owner has applied to HUD under their Mark-up-To-Market Program which would provide incentives for the new owner to extend project affordability controls. HUD has provided a short-term extension to the former contract while the Mark-Up-To-Market application is being processed, which may take up to nine months.

Section 202/811 projects are owned by non-profit organizations and low income use restrictions are locked in for the full 40-year mortgage loan. Because they are owned by non-profits, the long-term low income use restriction on these projects is fairly secure. However, the Section 8 contracts may be at risk due to budgetary constraints at HUD. Long Beach has eight Section 202/811 projects, only one - New Hope Home - is eligible to convert within the Consolidated Plan time frame.

Expiration of Section 8 Contracts

In addition to the HUD assisted mortgage, all of the City's federally assisted housing projects also have Section 8 contracts. These Section 8 contracts are project-based – attached to the specific project – rather than vouchers, which move with the individual tenant. Project-based Section 8 contracts started to expire in 1997, and can now be renewed for one, five, ten, or twenty year terms. However, the renewals are subject to annual appropriations by Congress. For this reason, projects with Section 8 contracts are considered at risk of losing their affordability.

**Table III-20
Assisted Rental Housing Inventory**

Project Name	Tenant Type	Total Units	Afford. Units	Funding Sources	Affordability Period End
<i>HUD Assisted Housing</i>					
Del Amo Gardens	Senior	230	230	Section 221(d)(3) Section 8	NA 8/31/2005
New Hope Home	Senior	140	140	Section 202 Section 8	10/1/2009 5/31/2005
Plymouth West	Senior	196	137	Section 236(j)(1) Section 8 Mort. Rev. Bonds	Prepaid 4/30/2009 2018
Baptist Gardens	Senior	200	157	Section 236(j)(1) Section 8	11/1/2016 6/30/2005
Pacific Coast Villa	Family	50	50	Section 221(d)(4) Section 8	NA 5/31/2005
Casa Corazon	Disabled	25	25	LBHDC* Section 8/202	9/1/2034 9/27/2014
Merit Hall Apartments	Disabled	20	19	LBHDC Section 8/202	9/30/2032 9/2/2013
Park Pacific Tower	Senior	183	157	Sect 202/236(j)(1) Section 8	2/1/2014 3/31/2006
Beachwood Apts	Senior/ Disabled	45	44	Section 202 Section 8	9/1/2024 5/31/2009
Covenant Manor	Senior	100	100	Section 202 Section 8	7/1/2025 11/20/2009
Lutheran Towers	Senior	93	92	Section 202 Section 8	8/1/2024 1/3/2009
Federation Tower	Senior	50	50	Section 202 Section 8	7/1/2028 6/5/2008
Scherer Park Apts	Senior	58	58	Section 8 New Construction	4/25/2009
Casitas Del Mar	Family	48	12	Section 8 New construction	1/27/2011
Seamist Tower	Senior	75	74	Section 202 Section 8	9/30/2013
American Gold Star Manor	Senior	348	139	Section 236(j)(1) Section 8	7/1/2015 5/1/2015
<i>City Assisted Housing – New Construction</i>					
Patrician	Senior/ Family	87	87	Planning Bureau	Not applicable
Redondo Plaza	Senior	60	40	Planning Bureau	Not applicable

**Table III-20
Assisted Rental Housing Inventory (Cont'd)**

Project Name	Tenant Type	Total Units	Afford. Units	Funding Sources	Affordability Period End
<i>City Assisted Housing – Rehabilitation</i>					
Lois Apartments	Senior	24	24	LBHDC	1/14/2042
Evergreen Apartments	Family	36	36	LBHDC	1/18/2032
Freeman Apartments	Family	19	19	LBHDC	4/3/2033
Love Manor	Family	26	26	LBHDC	10/30/2033
Northpointe Apts**	Family	528	526	HOME, Tax-Credit, RDA Set-Aside Section 8, HELP	1/25/2057
Grisham Community Housing	Family	96	94	HOME, Tax-Credit, RDA Set-Aside, HELP, Section 8 (25% of units)	12/1/2057
Cedar Court Apts	Family	42	42	HOME	2054
Cerritos Court Apts	Family	23	23	HOME	2054
Linden Garden Court	Family	24	24	HOME	2054
Ocean Breeze Apts	Senior	16	16	HOME, RDA Set-Aside-HDFC REO	2054
Orange Ave Apts	Family	19	19	HOME, RDA Set-Aside-HDFC	2054
Valentine Garden Apts	Family	18	18	HOME, RDA Set-Aside-HDFC REO	2054
Ocean Gate Apts	Family	20	20	HOME	2054
1034 Alamitos Apts	Family	30	30	HOME	2054
Lime Street Apts	Family	16	16	HOME, RDA Set-Aside-HDFC	2054
Cedar Court Apts South	Family	32	32	HOME	2054
Artesia Court Apts	Family	36	36	HOME	2054
Seabreeze Apts	Senior	44	44	HOME	2054
Terrace Gardens	Family	43	43	HOME	2/14/2007

Source: Long Beach Housing Services Bureau, February 2005. HUD Section 8 Database, February 2005.

* LBHDC: Long Beach Housing Development Company.

** Previously Parwood Apts #1 and #2, which underwent major rehabilitation in 2002 and extended affordability controls to 2057.

3. Tenant-Based Housing Assistance

Tenant-based Section 8 rental assistance provides a portable form of housing assistance. The Section 8 Housing Choice Voucher Program is funded by HUD and administered by the Housing Authority of the City of Long Beach (HACLB). With this program, an income-qualified household can use the voucher at any rental complex that accepts Section 8 vouchers. Section 8 tenants' rent is based on 30% of monthly household income and HACLB makes up the difference. HACLB establishes the payment standards based on HUD-established Fair Market Rents (FMR). The owner's asking price must be supported by asking rents in the area, and any rental amount in excess of the payment standard is paid for by the tenant. Based on current HUD regulations, of those new households admitted to the Section 8 program, three-fourths must have incomes of less than 30% of the area median, while one-quarter may have incomes up to 80% of the median.

Table III-21 presents the current Section 8 rent payment standards in Long Beach, which represent the maximum amount permitted to be charged by landlords under the program. HACLB reports they have all their vouchers in place, and have no problems finding enough landlords to rent to Section 8 tenants.

Table III-21
Long Beach Rent Payment Standards
Section 8 Housing Choice Voucher Program

Bedroom Size	0-bdr	1-bdr	2-bdr	3-bdr	4-bdr	5-bdr
Rent Payment Standard (including utilities) Effective 10/04	\$746	\$900	\$1,124	\$1,510	\$1,816	\$2,088

Source: Housing Authority of the City of Long Beach, February, 2005.

Patterns of Occupancy

As of February 2005, HACLB was allocated a total of 6,244 Section 8 housing vouchers. This represents a significant increase from 2000, when HACLB was authorized 5,370 vouchers. HACLB issues a larger quantity of vouchers than the number that is authorized because approximately 350 households are not utilizing their vouchers at any given time. An example would be a household that is moving from one residence to another. There were 6,602 voucher-holders in February 2005. Table III-22 describes the household characteristics of these 6,602 voucher holders, as well residents on the Section 8 waiting list. Over one-third of the City's Section 8 recipients have a disabled head of household, although 40% of these households are also seniors.

Table III-22
Characteristics of Long Beach Section 8 Recipients

Household Type	Number of Households with Vouchers	Number of Households on Waiting List
Total	6,602	16,864
Disabled Heads of Household	2,425* (37%)	5,551 (33%)
Elderly Heads of Household	1,154 (17%)	1,606 (10%)
Large Household (5+ members)	1,077 (16%)	Not Available

Note: Household Type categories are not mutually exclusive.

*Of 2,425 disabled households, 988 are also elderly.

Source: Housing Authority of the City of Long Beach, February, 2005.

Reductions in Federal appropriations to the Section 8 program are necessitating significant changes to HACLB's program. In FY2004 and again in FY2005, Congress changed program regulations to make funding dollar-based rather than unit-based, and HACLB expects this funding format to be continued into the future. Accordingly, in order to keep within the funding limits, HACLB has taken measures such as lowering Occupancy Standards (permitting fewer bedrooms per family) and controlling rent increases. HACLB is closely monitoring monthly Voucher Program expenses and, if costs begin to exceed HUD's monthly voucher budget allocations, may restrict voucher holders from moving to more expensive jurisdictions. If costs are not controlled with these measures, HACLB will have no choice but to issue fewer vouchers.

Section 8 Admission Policies

As of February 2005, HACLB reports 16,864 households on the waiting list for Section 8. The Section 8 waiting list has been closed since May 2003. Since the demand for housing assistance far exceeds the limited resources available, long waiting periods are common. The amount of time on the wait list can disproportionately impact the disabled and elderly, who may be frail and have health problems.

HUD allows Housing Authorities to establish choices about how rental assistance programs are operated. HACLB has established the following rules for tenants participating in the program:

- **Residency**

HACLB will first assist residents of Long Beach before it assists others. HACLB considers both people who live in Long Beach and people who work in Long Beach to be "residents."

- **Location**

HACLB may operate only within the City of Long Beach. Participating tenants who wish to live outside of Long Beach must request to use the Section 8 Free Choice Voucher Program's "Portability Feature" to move to another jurisdiction.

- **Criminal History Checks**

All adult household members must obtain a criminal history check from the Long Beach Police Department before their household is authorized to receive rental assistance from HACLB. The Police Department must report that each individual has not engaged in drug-related or violent criminal activities for a 3-year period.

In addition to the large housing voucher program, HACLB, together with the Department of Health and Human Services, operates the Shelter + Care Program. For the most part, this program serves individuals who are both mentally ill and homeless. The City contracts with Los Angeles Mental Health Association and with U.S. Veterans Initiative Inc. to house approximately 60 individuals at any time in a Section 8-like program.

F. CURRENT ESTIMATED HOUSING NEEDS

The Comprehensive Housing Affordability Strategy (CHAS) Databook developed by the Census for HUD identifies housing needs for low and moderate-income households based on 2000 Census data

Table III-23 identifies the percentage of households by income level, household type and by the housing problems they experience. Housing problems include overpayment or “housing cost burden”, overcrowding, and substandard housing conditions. The following discussion identifies current household needs by income-level. A disproportionate housing need refers to any income group that has a housing need which is at least 10 percentage points higher than the total population. For example, 93% of *low-income* renter households experienced housing problems, compared to 59% of all renter households. Thus, low-income renter households have a disproportionate housing need.

Table III-23
Housing Needs of Low and Moderate-Income Households

Housing Problem	Renters				Owners		Total
	Elderly	Small Families	Large Families	Total Renters	Large Families	Total Owners	
<i>Extrm. Low-Income</i> <i>(0 to 30% MFI)</i>	3,269	7,835	4,418	22,157	409	3,111	25,268
% with any Housing Problems	69%	91%	99%	84%	96%	75%	83%
% Cost Burden > 30%	67%	85%	88%	79%	85%	71%	78%
% Cost Burden > 50%	53%	74%	66%	67%	85%	62%	67%
<i>Low-Income</i> <i>(31 to 50% MFI)</i>	1,883	6,355	3,780	16,033	749	4,203	20,236
% with any Housing Problems	79%	94%	97%	93%	95%	65%	87%
% Cost Burden > 30%	74%	82%	66%	80%	82%	62%	76%
% Cost Burden > 50%	36%	28%	14%	30%	66%	45%	33%
<i>Moderate-Income</i> <i>(51 to 80% MFI)</i>	1,499	7,055	3,795	17,969	1,735	8,288	26,257
% with any Housing Problems	52%	70%	95%	71%	95%	64%	69%
% Cost Burden > 30%	47%	37%	20%	40%	74%	58%	45%
% Cost Burden > 50%	17%	4%	<1%	7%	24%	28%	14%
<i>Total Households</i>	9,205	36,100	15,937	96,112	10,478	67,003	163,115
% with any Housing Problems	55%	61%	94%	59%	71%	38%	50%

Source: HUD Comprehensive Housing Affordability Strategy (CHAS) Databook, 2000.

Note: “Total Households” include households with income of greater than 80% of MFI. “Total Renters” also includes “other” renters, and “Total Owners” also includes elderly, small families and “other” owners not listed in this table.

Extremely Low-Income Households

Extremely low-income households are defined as earning incomes of less than 30% of the area median (MFI). Renter households comprised 88% (22,157 households) of all extremely low-income households in Long Beach in 2000, with owners comprising the remaining 12% (3,111 households). Overall, 83% of extremely low-income households experienced housing problems, compared to 50% of all Long Beach households. Both extremely low-income renter and owner households had a high incidence of severe overpayment, with 67% of renters and 62% of owners spending more than half of their income on housing costs. Nearly all extremely low-income large family renters (99%) and large family owners (96%) experienced housing problems. In general, extremely low-income households had a disproportionate unmet need for affordable housing, especially rental housing, due to their limited incomes and the rising costs of housing.

Low-Income Households

Low-income households (31-50% MFI) also experienced a disproportionate unmet need for affordable housing. Renter households comprised 79% (16,033 households) of all low-income households, compared to owners who comprised 21% (4,203 households). About 93% of low-income renter households experienced housing problems, with 80% experiencing overpayment, and 30% severely overpaying for rent. Large family renters were the most impacted with housing problems (99%), and with overpayment comprising only 66% of this group's housing problems, issues of overcrowding and substandard housing were also prevalent. The incidence of housing problems was also high for large family homeowners, with 95% experiencing some type of housing problem, and 82% experiencing housing overpayment. Low-income households have a disproportionate unmet need for low-cost housing. The need is greatest for large families, who comprise 22% of Long Beach's low-income households.

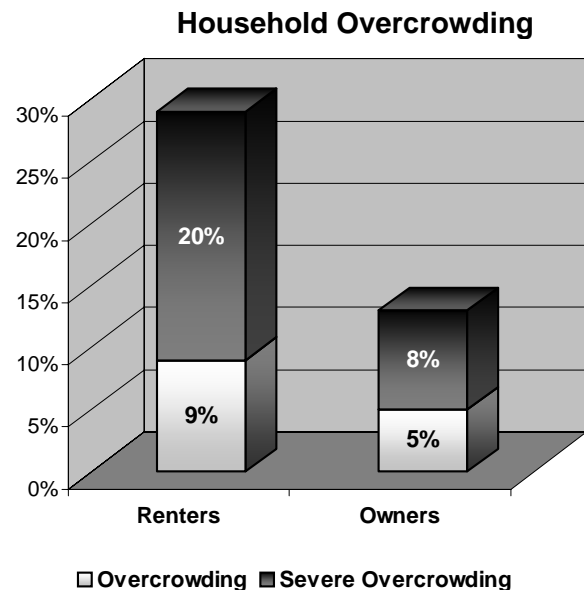
Moderate-Income Households

Moderate-income households earn 51-80% of the area median income. They comprised 16% of all households in Long Beach in 2000. More than two-thirds of the City's moderate income households are renters (17,969 households), while the remainder are homeowners (8,288 households). About 71% of moderate income renter households and 64% of owner households experienced housing problems. Once again, almost all large family renter households experienced housing problems (95%), but the issues appear to relate more to overcrowding and substandard housing than to housing cost burden. Both moderate income renters and owners evidence a disproportionate unmet need for housing assistance.

1. Overcrowding

Overcrowding is a significant issue in Long Beach. While the Southern California Association of Governments (SCAG) and HUD consider units with more than one person per room¹⁶ to be overcrowded, 1.01 occupancy is common in today's urban environment and poses little threat to the stability of communities or longevity of properly managed housing. However, housing occupancy in excess of 1.5 persons per room, called "severe overcrowding," can significantly affect community health and housing viability.

The 2000 Census documents the presence of severe overcrowding in 8% of homeowner households and 20% of renter households in Long Beach. Although these rates of overcrowding are fairly comparable to Los Angeles County as a whole, certain neighborhoods in the City demonstrate extreme rates of overcrowding. As illustrated in Figure III-10, the entirety of Downtown and Central Long Beach, as well as parts of the West Side and North Long Beach are characterized by over one-third of renter households living in severely overcrowded housing. Severe owner overcrowding, while less prevalent, impacts over one-third of owner households in much of Downtown and Central Long Beach (Figure III-11).

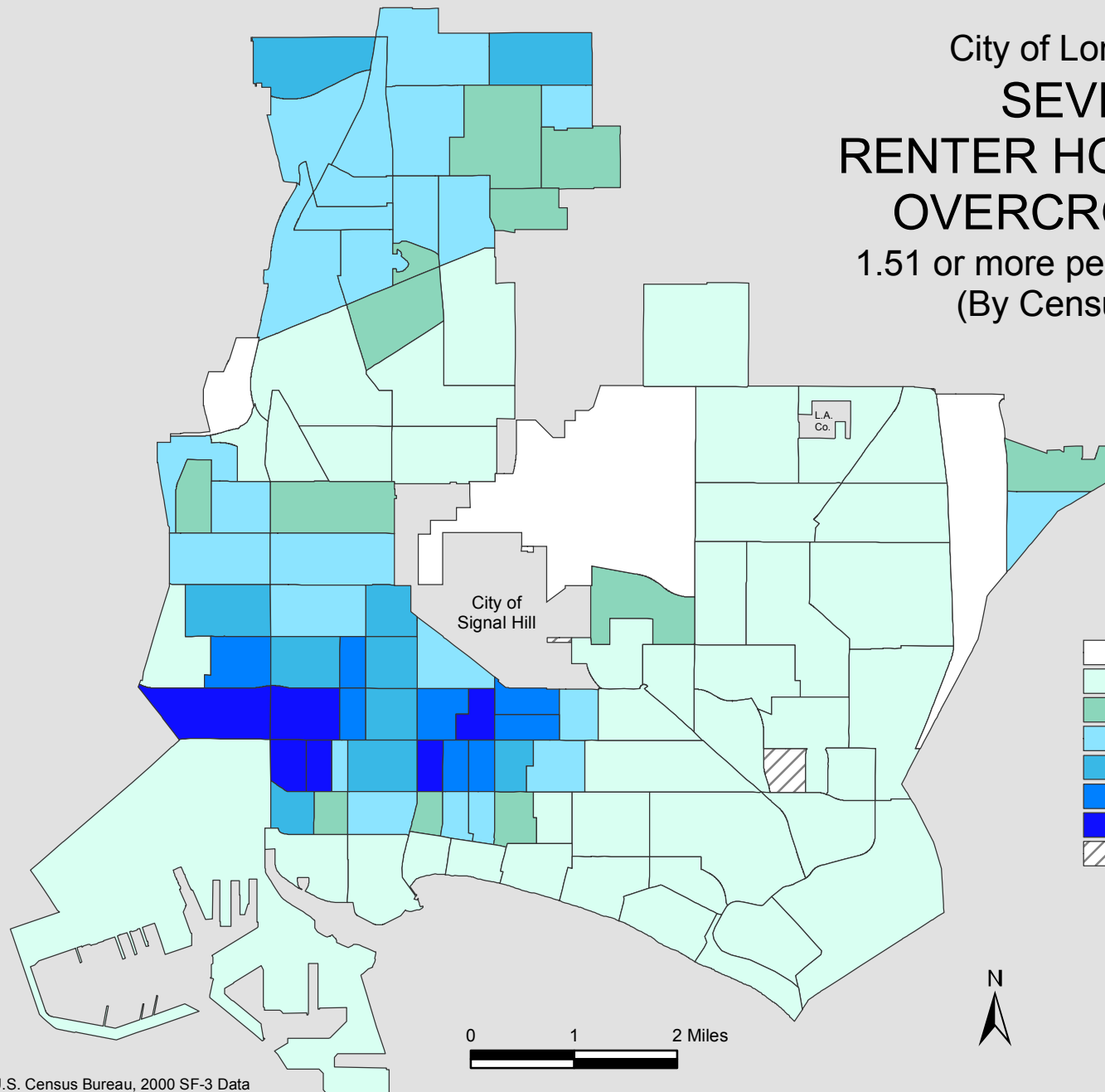


Source: U.S. Census 2000

¹⁶ The Census defines "room" as including living rooms, dining rooms, kitchens, bedrooms, finished recreation rooms, enclosed porches suitable for year-round use, and lodger's rooms.

City of Long Beach SEVERE RENTER HOUSEHOLD OVERCROWDING

1.51 or more persons per room
(By Census Tract)

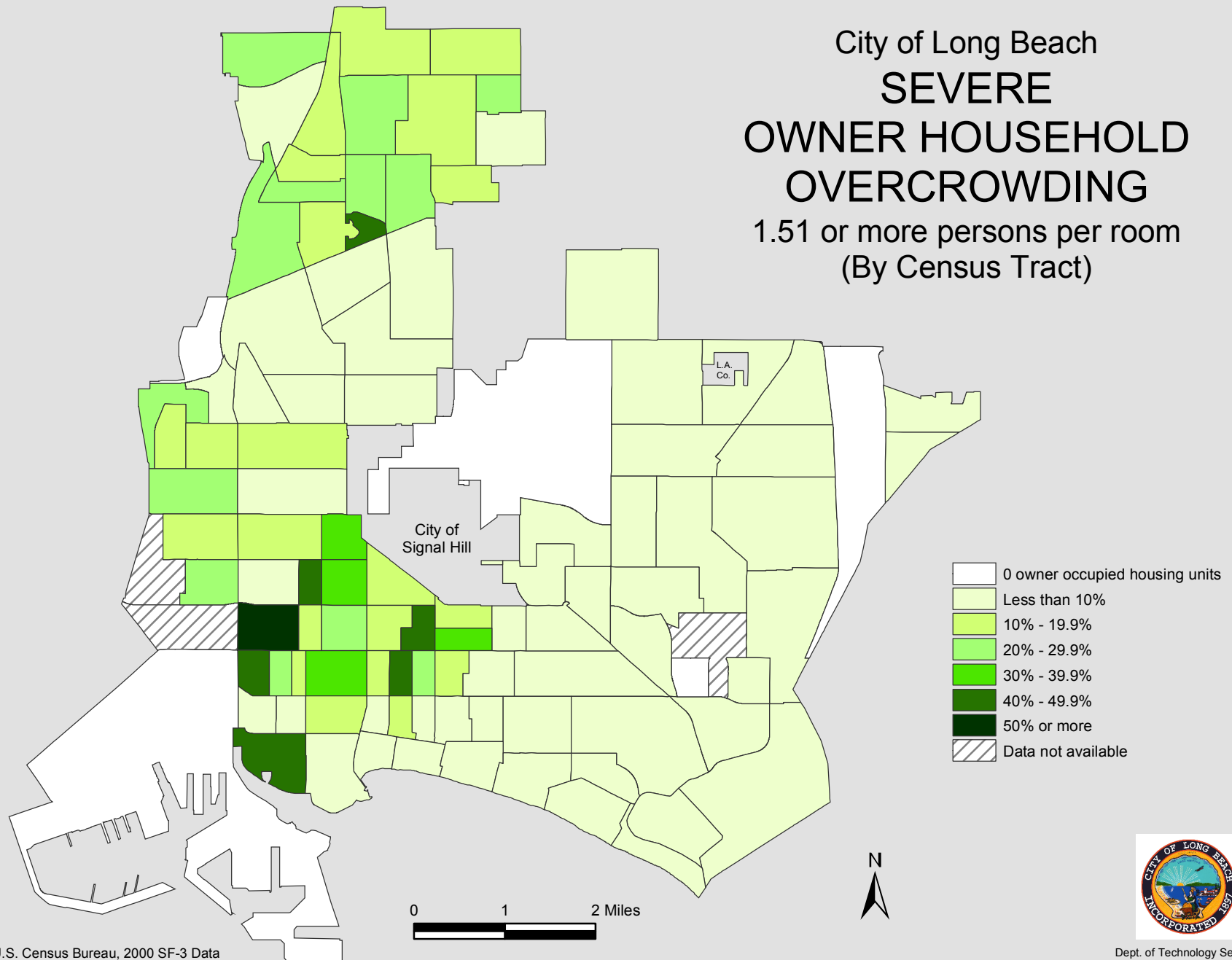


Source: U.S. Census Bureau, 2000 SF-3 Data
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Dept. of Technology Services
& Dept. of Planning & Building

City of Long Beach
**SEVERE
OWNER HOUSEHOLD
OVERCROWDING**
1.51 or more persons per room
(By Census Tract)



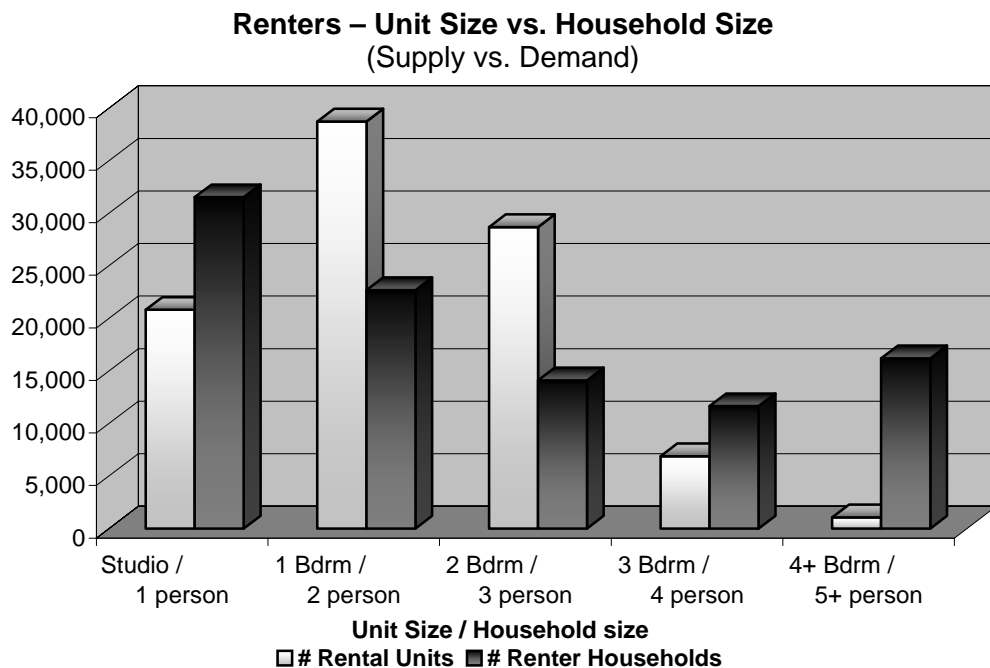
Source: U.S. Census Bureau, 2000 SF-3 Data
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Dept. of Technology Services
& Dept. of Planning & Building

One of the key demographic trends impacting housing needs in Long Beach is the City's transition from a majority white homeowner population comprised of smaller households to an increasing number of Hispanic and Asian renter households with large families. The City's existing rental housing stock of primarily older, small units are of inadequate size to house this population, contributing to significant unit overcrowding and deterioration.

The following chart highlights this mismatch between the need for larger rental units and the City's supply of predominately studio and one-bedroom units. Using State Redevelopment definitions of "household size appropriate for the unit" as number of bedrooms plus one, Long Beach has only 1,063 rental units (4+ bedrooms) to accommodate 16,191 large renter households (5+ members). Even adding in three-bedroom rentals results in less than 8,000 larger rental units – less than half that needed to adequately house the City's large renter population. This imbalance between supply and demand contributes to 86% of large renter households living in overcrowded housing.



Source: U.S. Census 2000

2. Overpayment

Similar to overcrowding, HUD and SCAG have established specific standards for determining housing affordability based upon an income-to-housing cost ratio. Households spending more than 30 percent of their incomes on gross housing costs, (including rent/mortgage payments, utilities, taxes, insurance and related costs) are considered to be overpaying for housing.

As indicated in Table III-24, 32 percent of homeowner households in Long Beach were overpaying in 2000. Of these approximately 17,000 overpaying homeowners, nearly two-thirds were above moderate income (>80% MFI). The number and proportion of overpaying owners increased in both the City and Countywide over the past decade, as housing prices escalated and historically low interest rates attracted buyers to extend themselves financially. However, homeowner overpayment in Long Beach remains approximately three percent below the Countywide average.

**Table III-24
Housing Overpayment 1990 and 2000
Long Beach and Los Angeles County**

Overpayment	1990		2000		
	Households	%	Households	%	L.A. Co. %
Owners					
>30% Household Income	14,254	27%	17,263	32%	35%
>50% Household Income			6,455	12%	14%
Renters					
>30% Household Income	45,109	50%	42,126	46%	46%
>50% Household Income			21,912	24%	23%

Source: 1990 and 2000 U.S. Census.

Note: >50% Household Income is a subset of >30% Household Income

With respect to renter households, 46 percent were overpaying in 2000. Renter overpayment was even more prevalent in 1990 at 50 percent, indicating market conditions were generally more favorable during the 2000 census than ten years prior. (Renter overpayment also decreased three percent Countywide during the same period). However, market rents have escalated dramatically since 2000, and have likely again resulted in increasing levels of renter overpayment.

Of the City's approximately 42,000 overpaying renters in 2000, nearly 90 percent earned low to moderate incomes. More than half of all renters overpaying for housing in the City were faced with severe overpayment – spending more than 50 percent of their income on rent. Review of Figure III-12 indicates the locations in the City where severe renter overpayment is greatest – Central Long Beach, Downtown, the West Side, and North Long Beach. As would be expected, neighborhoods which exhibited high levels of severe renter overpayment were predominately lower income, and also had a strong correlation with areas with high levels of poverty and renter overcrowding.

Table III-25 provides a more detailed review of the types of Long Beach households experiencing severe overpayment. As would be expected, extremely low-income (0-30% MFI) households were most impacted, with approximately two-thirds of renters spending more than half their incomes on housing. Small family renters experienced the greatest cost burden of this income group, three-quarters severely overpaying for rent. Among low income (31-50% MFI) renters, severe overpayment still impacts 30% of households.

While housing overpayment impacts far fewer of the City's homeowners than renters, among the lowest income homeowners, overpayment is still significant. Over 60% of Long Beach's 3,100 extremely low income owners, and 45% of the City's 4,200 low income homeowners spend more than half their incomes on housing costs. Such households typically do not have adequate incomes remaining to properly maintain their homes, and may also be at risk of foreclosure.

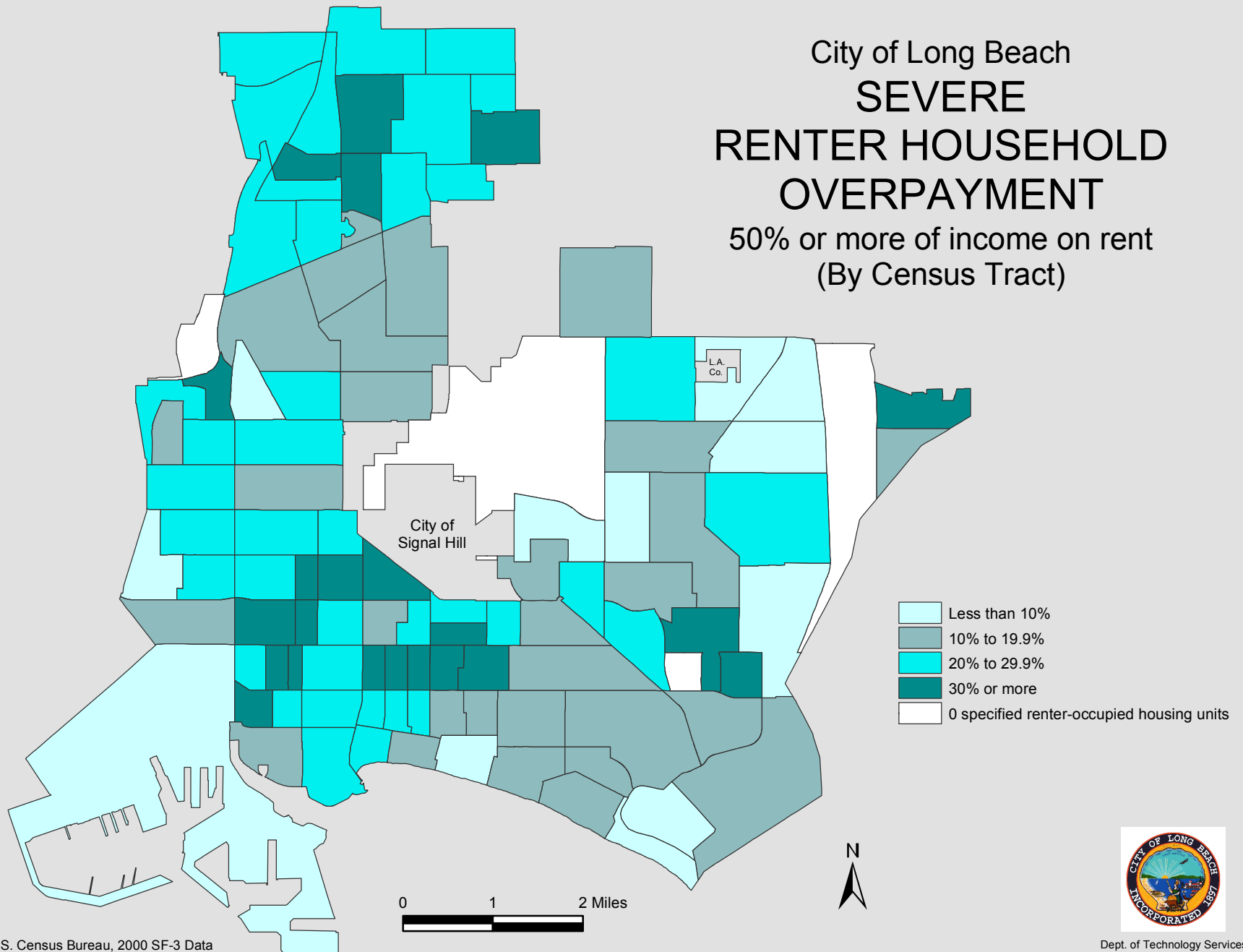
Table III-25
Severe Housing Cost Burden by Type and Tenure

Income Level	Elderly	Small Family	Large Family	Other	Total
<i>Renter Households</i>					
Extremely Low	53%	75%	67%	67%	68%
Low	36%	28%	13%	45%	30%
Moderate	17%	4%	1%	11%	7%
Middle/Upper	4%	<1%	<1%	1%	1%
<i>Owner Households</i>					
Extremely Low	50%	73%	86%	59%	62%
Low	22%	66%	66%	67%	45%
Moderate	16%	40%	24%	44%	28%
Middle/Upper	4%	4%	2%	5%	4%

Source: HUD, CHAS Data Book, 2000.

City of Long Beach SEVERE RENTER HOUSEHOLD OVERPAYMENT

50% or more of income on rent
(By Census Tract)



G. FIVE-YEAR PROJECTED HOUSING NEEDS

The Southern California Association of Governments (SCAG) prepares population and employment growth projections for all Los Angeles County jurisdictions, as well as much of the rest of Southern California. In 1999, SCAG developed its Regional Housing Needs Assessment (RHNA) based on household growth forecasts contained in SCAG's Regional Transportation Plan. Initially, SCAG assigned Long Beach a minimum construction need of 517 new units for the 1998-2005 planning period. However, because the market had not improved as markedly within the Gateway subregion as it had in Long Beach, the City voluntarily assumed an additional 946 housing units from the 27 Gateway cities, for a total RHNA of 1,464 units. As identified in Table III-26, 45% (or 662) of these units are needed for households earning less than 80% of the median income.

Table III-26
Regional Housing Needs Assessment
1998-2005

Income Level ¹	Percent of MFI	Units	Percent
Very Low	0-50%	411	28%
Low	51-80%	251	17%
Moderate	81-120%	296	20%
Above Moderate	120%+	516	35%
Total		1,464	100%

Note: 1. Income level based on State HCD definition.

Source: Southern California Association of Governments, 1999.

Due to a suspension in State funding, SCAG has not developed new RHNA figures for the next 2005-2010 housing element update cycle. The housing element deadline for SCAG jurisdictions has been extended one year to July 1, 2006, and may potentially be extended further pending preparation of the RHNA. Given the absence of updated regional housing needs figures, for purposes of the Consolidated Plan, the City will continue to use its adopted RHNA as the basis for its 2005-2010 housing construction needs.

Long Beach's 2000-2005 Housing Element demonstrates that the City has more than sufficient land zoned at appropriate residential densities to accommodate its housing growth needs by income level. The Housing Element identifies over a dozen specific sites, primarily along major corridors, for higher density residential development. In addition, the Element identifies over twenty residential projects in various stages of planning and development, offering a full range of housing opportunities, including apartments, condominiums, single-family homes, live/work spaces, and senior housing. To ensure future housing production addresses the needs of Long Beach's lower income and special needs populations, the City's Housing Services Bureau will continue to provide financial assistance and other incentives for housing targeted to these groups.

H. FAIR HOUSING

Fair housing is a citywide program that provides assistance to Long Beach residents to settle disputes related to violations of local, State and Federal housing laws. These laws prohibit discrimination in the sale, rental, lease, negotiation, advertising, and financing of housing based on race, color, religion, sex, national origin, handicap, familial status, marital status, age, disability, ancestry, sexual orientation, source of income, arbitrary reasons, and acts of hatred, violence and harassment. Also, fair housing provides an educational program concerning housing issues for tenants and landlords. The City contracts with the Fair Housing Foundation, a private, nonprofit, nonpartisan educational agency dedicated to promoting the enforcement of fair housing laws.

The Fair Housing Foundation (FHF) works with the City to encourage an atmosphere of open housing opportunities through education, enforcement activities, counseling services, and outreach programs. FHF main office is located in Long Beach; satellite offices are maintained in South Central Los Angeles, and the Hollywood Wilshire area of Los Angeles. Fair Housing Foundation investigates discrimination complaints and when cases warrant action and/or remedy, they provide counseling, referrals and mediation services.

The Fair Housing Program for the City includes the following programs:

Discrimination Program: FHF manages a high case load of bona fide discrimination complaints. In addition, FHF takes a proactive stance on random audit testing designed specifically to address underserved areas. After thoroughly and successfully completing its investigations for a case, FHF advises each complainant of the findings and their options.

Landlord/Tenant Program: FHF receives a high volume of landlord/tenant calls. Since approximately 90% of discrimination complaints originate from landlord/tenant calls, the full-time bilingual (English/Spanish) Landlord/Tenant Counselor works closely with the Discrimination Housing Specialist. Services include counseling and mediation to landlords, tenants and homeseekers.

Education and Outreach Program: FHF provides a comprehensive, extensive and viable education and outreach program. The purpose of this program is to educate tenants, landlords, owners, realtors and property management companies on fair housing laws; to promote media and consumer interest; and to secure grass roots involvement with the communities.

1. Analysis of Impediments to Fair Housing Choice

Federal requirements also include completing an Analysis of Impediments to Fair Housing Choice, also known as an *AI*. The analysis includes examining barriers to fair housing choice. The City of Long Beach developed a new *AI* in August of 2001. This analysis and the planned actions to follow up the findings discovered were considered as part of a broader fair housing strategy or fair housing plan. Housing choice is impeded when actions, omissions, or decisions are taken that restrict a person's choice of housing because of his/her characteristics as listed above. It is also impeded when certain residential dwellings are not made available to a person because of his/her characteristics as listed above.

Fair Housing in Context

Title VIII of the Civil Rights Act of 1968 (and a subsequent Amendment in 1988) made it unlawful to discriminate in any aspect related to the sale, rental, or financing of dwellings (or in the provision of brokerage services or facilities) in connection with the sale or rental of a dwelling because of:

- Race.
- Color.
- Religion.
- National
- Origin.
- Sex.
- Families with children.
- Persons with handicaps.

The City of Long Beach is committed to working with its public, private, and nonprofit partners to ensure fair housing choice for all residents. This commitment includes incorporating fair housing needs and strategies into the Consolidated Plan. The City of Long Beach has developed measurable actions that working in partnership with the Fair Housing Foundation of Long Beach will undertake each year to carry out this strategy.

Fair Housing Strategy

Work with the public, private, and nonprofit sectors to identify impediments to fair housing choice and develop strategies to overcome them. As part of a mandate to affirmatively further fair housing, the City of Long Beach has taken actions to overcome the effects of the impediments to fair housing choice it identifies in its analysis. Those findings are included in Chapter V, Section E – Reduction of Barriers to Affordable Housing.